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ORIGINAL LECTURES.

CLINICAL LECTURE ON SCROFULODERMA.

Delivered at the Hospital of the University of Pennsylvania

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GENTLEMEN,—We may with profit, I think, devote a portion of the hour to the consideration of *scrofuloderma*, of which the case before us is an example. This woman illustrates one form of scrofula of the skin, the several other varieties of scrofuloderma being much less frequently met with. Her history is as follows:

She is of Irish birth, 37 years of age, is married, and the mother of nine children. Five of these are dead from affections in no way connected with her present disease, and four are living and healthy. She herself has always enjoyed good health up to within the last three years. At this period she suffered with a severe cold and sore throat, which was followed by the enlargement of a gland at the right side of the neck, near the clavicle. This "kernel," as it was called, at first was no larger than an almond, and quite movable under the skin. It grew slowly, however, until it reached the size of a small hen's egg; became filled with fluid; broke, and discharged slightly; and then healed over spontaneously, leaving a scar. A little later another enlarged gland appeared, this time on the left side of the neck, and this followed the same course as the first, growing slowly in size up to a certain point, then softening, discharging for a while, and healing up with a red, knotty scar. Other enlarged and inflamed glands have since shown themselves in the cervical region, appearing one after another during the past year or two, and becoming more and more frequent and severe, especially of late. The disease has never shown itself in any other part of the body. We note her present condition as follows:

The affection is confined to the cervical and clavicular region. It consists of a number of irregular, funnel-shaped, deeply-depressed, violaceous cicatrices, situated about the rami of the lower jaws on both sides, arranged in an irregular line down along the sterno-mastoid muscle, together with a few about the thyroid region. Most of these irregularly linear cicatrices are bossillated, and several contain abscesses or are covered with yellowish crusts. There are three lesions, however, in a more actively diseased condition. One of these is a deeply undermined, irregular, unhealthy ulcer, oval, and about an inch in long diameter and half an inch deep, surrounded by a smooth border of violaceous, infiltrated integument, not raised above the skin generally. This is below the right clavicle. On the edge of the sterno-mastoid, just back of this, is a smaller, large-pea-sized ulcer, similar in character, but containing a crusted slough, which is just beginning to separate. On the upper border of the left clavicle is an abscess the size of a pigeon's egg and ready to break, surrounded by a violaceous areola. A small ulcer appears to be forming above the head of the sternum. The patient complains of poor appetite and of impaired general health; she is gradually losing strength.

The case is a typical one, and the picture must impress itself on your minds more forcibly than words can do. Scrofuloderma merits attention on account of its importance, its chronicity, and the disfigurement of the person which it in time causes by its ravages. And although, unfortunately, we do not know very much about its true nature, yet it deserves careful study and the attempt to treat it to the best of our ability.

From the frequency with which we hear of scrofuloderma, and meet with accounts of cases of so-called scrofula of the skin, it might be thought that the affection is one of common occurrence; this, however, is far from being the case, for our experience, both in this clinic and in the Philadelphia Hospital, indicates that the manifestation is by no means common. I speak, of course, of scrofula as it attacks the skin, and not of general scrofula, nor of glandular disease. From the history of this case, scanty as it is, many of you would know or suspect the character of the affection. If you look in the text-books to learn something about scrofuloderma, you will become perplexed; or if you converse upon the subject with members of the medical profession, you will

find the most varied and confused notions existing; for the subject is an obscure one. I cannot direct you to any book or monograph which gives a clear idea of the affection. Most usually it is confounded with lupus vulgaris, or with syphilis inherited or acquired; but scrofuloderma is, I think, a distinct disease, and is to be clearly distinguished from these others. Such is the view taken by most dermatologists.

The form of scrofuloderma here presented is that most frequently met. The disease is, as we have seen, associated with scrofula of the lymphatic glands, but the cutaneous lesions, apart from the glandular involvement, entitle it to our especial consideration. It is possible that the disease began in the lymphatic glands, which became engorged, filled with a cheesy deposit, then suppurated and broke down, and, involving the integument covering them, opened, forming ulcers pouring forth a puriform secretion. But the patient gives so confused a history of the occurrence of the various lesions, that this view may not be correct, and the sequence of the lesions may have been otherwise. It is, in fact, impossible to say if some of the lesions—notably that one pointed out as existent below the right clavicle—may not have originated in the skin and worked down, while others have manifestly originated in the lymphatic glands and worked out into the overlying integument and to the surface.

There are several varieties of scrofuloderma: 1. That in which the disease begins in a lymphatic gland, which slowly enlarges; gradually breaks down; softens; becomes purulent; forms an abscess; and, sooner or later, discharges. 2. That in which the deposit occurs primarily in the skin, the lesions being flat, ulcerative, or hypertrophic. The lymph-glands here may or may not be involved. They are not necessarily involved, and in many cases entirely escape, the skin being the only structure invaded. 3. The papular scrofuloderm, large and small. 4. The pustular scrofuloderm, large and small. I would remark here that two cases of this latter variety have come under my notice during the past year. It is very readily mistaken for the small pustular syphiloderm, and the diagnosis is by no means easy. The large pustular scrofuloderm is commoner, and in appearance somewhat resembles ecthyma. I mention these varieties to point out to you the several forms under which scrofuloderma occurs, but do not propose to describe them to-day. The present variety is the second of those just defined. It attacks chiefly the neck and upper anterior part of the thorax; it is usually unattended with pain, unless the lesions should be so severe or in such a position as to be easily injured by clothing, etc.

As to the etiology of scrofuloderma, this is a question it is very difficult to say much about. It is not necessarily connected with privation, bad hygiene, poor food, and the like, since cases are met with in which patients in the higher walks of life, who have been tenderly cared for from infancy, and have enjoyed every advantage of nutritious food, fresh air, change of climate, etc., which could possibly be attained, have yet been the victims of scrofuloderma in its severer forms. While inherited in some cases, I can call to mind several severe examples where the family history showed entire freedom from hereditary taint. Syphilis inherited to the second generation is said to have an influence in the development of the scrofulodermata, but of this there is some doubt. In the third or fourth generation, perhaps, it is possible that the syphilitic cachexia may influence the production of scrofulodermata, just as any other cachectic condition might.

The pathology of scrofuloderma is not dissimilar to that of lupus vulgaris, a disease of which I hope to show you some instances during the course of these lectures. It consists essentially in a small cell-infiltration of the skin, finally destroying the same, as in the disease just mentioned; also as in syphilis, but its course is slower.

With regard to the diagnosis, scrofuloderma is more apt to be confounded with lupus vulgaris or with syphilis than with any other form of disease. When the lymph-glands are involved (as in the present instance), the diagnosis is easy; when, however, the disease affects the skin alone, the diagnosis is often difficult. This ulcer under the right clavicle (which has been described) is quite characteristic. It is deep, with undermined, thin, smooth edges, and with a scanty, somewhat watery secretion, and without any tendency to heal over. It is surrounded by a violaceous area. The syphilitic ulcer is quite differ-

ent: the edges are usually sharply cut, but not undermined; the secretion is much more abundant, and is decidedly purulent, and the areola surrounding it is of a much brighter hue of red. Again, the crusts on the lesions of scrofuloderma are characteristic; they are thin, adherent, and not likely to drop off. An ulcer like this crusts very slowly, where, if syphilitic, a crust would form over it in a few days. The cicatrices here are peculiarly characteristic, and are not likely to be mistaken for the cicatrices of any other disease; they are knotty, raised, and irregular, or they are deep and funnel-shaped, and are extremely disfiguring.

Now, gentlemen, what are you going to do in the way of treatment for scrofuloderma? I need scarcely say that the remedies are those employed against scrofula in whatever organ it may occur. The case before us is a difficult one, and we must at the outset tell our patient that but little can be done for several months, and protracted treatment must result. This ulcer will be the first lesion to granulate and heal over, but the enlarged and suppurating glands will require a much longer time before they are influenced by the treatment. To give an idea of its slow course, I would say that a case like the present will take at least a year, perhaps much longer, to cure under the most favorable circumstances. One discouraging point in cases attending a clinic like this—and, for the matter of that, in private practice—is that they are difficult to hold. Patients become wearied with the tedious progress of the cure, and give up treatment or change their physician. But even where you can retain and control your patient, the cure is a matter of much difficulty. Hygiene is an important factor in the treatment of scrofuloderma. Salt-water or sea baths, sea air, change of climate and scene, travel, etc., are often necessary. Diet is a matter of importance. Patients suffering from scrofuloderma should take an abundance of animal food and considerable fat. Generally scrofulous persons loathe fatty food; nevertheless such food, in the most digestible form, is an important aid in the treatment. Cod-liver oil is, I need not tell you, generally necessary. There are cases, however, it must be said, in which the oil seems to do no good. Valuable as it often is, there are many cases where it certainly appears to be quite valueless. Then we have a serviceable remedy in the iodide of potassium, which should be administered in small doses and continued for a long time. By small doses I mean one to two grains thrice daily. We cannot give such large doses in scrofuloderma as we are accustomed to administer in syphilis, for the system will, as a rule, not bear them. In syphilis there is a tolerance which does not hold in scrofuloderma, and doses of from ten to thirty grains, which are not infrequently administered with benefit in the former, would prove toxic in the latter. Other preparations of iodine are also useful. Extract of malt is another useful remedy in scrofuloderma; it seems to act favorably in building up the system. Preparations of iron may be employed with benefit. They may be administered for a few weeks or a month at a time, and may then be intermitted for a while. In fact, you should follow the same plan with the cod-liver oil,—stop it for a while from time to time, and then begin it again. Thus, by careful watching and judicious change of treatment from time to time, you can treat your patient through the year, and may hope for gradual amelioration and final cure.

The local treatment is very important, although, as a rule, less so than the constitutional. Stimulating ointments, as the ung. hydrarg., or ung. hydrarg. nitrat., or ung. hydrarg. ox. rub., are rarely borne well in sensitive skins; they often cause the tissues to break down. When used at all, they should be weakened. In many cases I myself prefer lotions to ointments; at times, both lotions and ointments together. The liq. sodii chlorinat. I find very useful. It should not be applied in full strength,—certainly not at first,—but in the proportion of one to four or six of water, gradually making it stronger until you get the full strength. The ulcers should be bathed well with this lotion, and may then be dressed with some bland oil or ointment, as vaseline or cosmoline.

SUPRA-ORBITAL "TIC" CURED BY INJECTION OF CHLOROFORM.—In a case reported in *La France Médicale*, from six to twelve drops were injected into the upper eyelid, the point of the needle being directed towards the supra-orbital foramen. At first there was severe pain and some tumefaction, but a single injection gave relief for several months.

ORIGINAL COMMUNICATIONS.

THEVETIA ICCOTLI AND ITS GLUCOSIDE.*

BY DAVID CERNA, M.D.

YOYOTE, narciso amarillo (yellow narcissus), and yoyotli are different names given to the tree whose poisonous properties have lately attracted the attention of chemists in Mexico, yoyotli, in the Mexican or Aztec language, meaning hawk's bell or snake's rattle, and it is supposed by some that the popular name is given on account of a belief in the antidotal power of the drug in snake-poison. To the seeds the name of "codo de fraile" (priest's elbow) is given, on account of their resemblance to the human elbow.

This plant is said to have been used by the Aztecs in diseases of the skin, in ulcers, and also in affections of the ear, especially deafness, and the leaves, applied as a poultice, in toothache. In Mexico, at present, the lower classes use a mixture of the fruit and suet in the treatment of hemorrhoids.

Prof. Alfonso Herrera found in the plant a non-drying oil, vegetable casein, extractive matter, and *thevetin*.

THEVETIN.

After extracting the oil from the seed by pressure, the residuum was percolated with ether, and the liquid evaporated; after which a small quantity of oil, equal to that extracted by means of pressure, was left as a residue; this was afterwards treated with distilled water, and, finally, the substance exhausted was treated with alcohol; the filtered liquid, being evaporated spontaneously, furnished a white crystalline substance, composed of four-sided prisms, the crystals being inodorous, of a sharp, pungent taste, insoluble in water, slightly soluble in ether, readily so in alcohol. The fixed and volatile oils and bisulphide of carbon somewhat dissolve it. The substance, when treated with dilute sulphuric acid in the usual way, yields, according to Professor Herrera, *glucose* and a resinous substance. That investigator, therefore, pronounced it a glucoside, and gave it the name of *thevetin*.

None of the following substances produce any characteristic reaction with thevetin: nitric acid, hydrochloric acid, nitrate of silver; the chlorides of platinum, gold, and iron; iodide of potassium, tannin, potassa, ammonia; the alkaline carbonates; the ferri- and ferro-cyanide of potassium. All these correspond with my own observations.

I have found the following somewhat peculiar reaction. When sulphuric acid is added to the powdered thevetin, a clear, greenish-yellow color is at first produced; this passes gradually to a brownish, sometimes to a sort of violet, hue, and finally into a deep cherry-brown color, which remains permanent. If now to this last solution the bichromate of potassium is added, a decided change is produced, the solution appearing of a beautiful emerald-green color, which after some time assumes a yellowish-green hue; this, left alone for several hours, turns to a dirty green. If a small quantity is placed in a test-tube and heat applied, it at first acquires a liquid form, and, on the heat being continued, part of it sublimates in the form of a white vapor, the other portion remaining attached to the side of the tube as a blackish, sticky substance.

PHYSIOLOGICAL ACTION OF THEVETIN.

General Action.—The first experiments made with the active principle of thevetia icottli were those of Prof. Luis Hidalgo Carpio (*Amer. Jour. Pharm.*, 1877).

The most constant symptoms of thevetin-poisoning in animals are the following. At first there is simply a tendency to quietude; by and by very marked muscular twitchings appear, which usually begin at the extremities and gradually pass to the trunk; this is followed by salivation, preceding violent retching and vomiting. A sort of general paralysis ensues, accompanied with a marked cutaneous anæsthesia, as the animal would be subjected to pinching, and even burning, without evincing any recognition of the stimuli. Convulsions then appear, which are either clonic or tetanic (most frequently the former), and are followed by an involuntary discharge of fæces, great dyspnœa, and, if the dose has been sufficiently large, death. The convulsions were not always present, though they frequently occurred, and even in the same class of animals they were sometimes absent, as in the rabbit, cat, dog, and frog. In the few pigeons

* Abstract from one of the inaugural theses to which the Alumni prize was awarded at the Commencement of the Medical Department, University of Pennsylvania, 1879.

and guinea-pigs used the convulsions were generally produced. Thevetin kills, probably, in two ways,—by asphyxia, and by paralysis of the heart, as in many instances the latter would continue to beat after the complete cessation of the respiratory movements; at other times the heart would be completely paralyzed, while the respiration went on as usual. This is especially the case with the frog, which continues to live for a long time (the respiratory rhythm continuing as usual) after the heart has ceased to act. The respiratory action of the poison is, however, usually the more important. Paralysis of the heart is produced in two ways: in diastole, when the drug is given either hypodermically or into the circulation directly; but when the poison is directly applied to the heart, as in frogs, the organ at first begins to beat irregularly until it entirely stops to act, when it then appears white and very much contracted. Experiments were made by placing the drug on a portion of the heart, and, after the latter had stopped beating, that portion only under the influence of the poison was found to be contracted and bloodless, showing by this that the glucoside has a decided action on the heart-muscle. The pupil was never seen to change; neither the muscles nor nerves became at all affected, as after death both structures responded to galvanic irritation. The post-mortem examinations never showed any marked lesions of the internal organs except the heart, which, as already said, was found, in diastole, full of either dark or scarlet blood; the latter appeared frequently of a bright-red color, perhaps of the natural scarlet, while at other times it was very dark, this being probably due according as death was produced by heart-paralysis or by asphyxia. The blood, in either case, coagulates much less rapidly than usual. It may be stated that every now and then death was preceded by a long clonic or tetanic convulsion. In regard to the minimum fatal dose of thevetin, a number of experiments leads us to the conclusion that in the common frog (Rana esculenta) it is $\frac{1}{60}$ of a centigramme.

(To be continued.)

CURE FOR OBSTINATE VOMITING.—The *Practitioner* says that the spirit of walnut (*spiritus nucis juglandis*), given in drachm doses three times daily, has checked vomiting after other remedies had failed.

WHAT IS A CHANCRE?

BY CHARLES W. DULLES, M.D.,

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(*Read before the Philadelphia County Medical Society, February 25, 1879.*)

THE term "chancre" was, up to very recent times, applied to all venereal ulcers. It is true that even in the Middle Ages some of these were noticed to be followed by very different results from those of others, and Hunter had in the last century divided them into two groups, the hard and the soft, according to their physical features, recognizing their opposite issues. Yet, little more than a quarter of a century ago, the current opinion was that these lesions were due to the same poison, their opposite results being attributed to exceptional virulence of the poison or exceptional vulnerability of the patient,—a theory since known as "unicism."

In 1852 the theory since called "dualism" was announced by two pupils of Ricord,—Basserau and Clerc,—who asserted the hard and soft chancre to be utterly different in source, nature, and consequences.

This new doctrine—to which Ricord soon became a convert—led to the use in France of the term "*chancre infectant*" for the "hard chancre" of Hunter, and "*chancre simple*" for what Hunter called "soft chancre." In 1854, Clerc suggested for the latter the name "*chancroïde*," because some experiments led him to believe it to be a sort of bastard chancre,—like this, but not identical.

In Germany the advance of dualism led to restricting the term *schanker* to so-called soft chancres, while for the hard the word "*sklerose*" was adopted.

In England and America the terms "hard" and "soft chancre" have been, and still are, very commonly used. The ease, however, with which mistakes may occur by omission of their adjective parts, the fact that they are in a sense misnomers, and the implication conveyed that the lesions thus designated are essentially the same, make these terms undesirable. Thus it happens that writers in our tongue, who aim at accuracy, find it convenient to apply the term chancre to what the French call "*chancre infectant*" and the Germans "*sklerose*," while for the local venereal ulcer the term "chancroid" is used.

We have thus a nomenclature clear

enough for all practical purposes, if employed accurately and always in the same sense. Unfortunately, this is not the case. Breaches of the first condition are much more frequent than is creditable to our public writers and teachers, but how to set them right is too plain to need stating. The other condition, however, presents a difficulty really hard to overcome; for here we are met with a difference of opinion,—the difference, in fact, between unicism and dualism. The same lesion receives from followers of these two theories entirely different names. One, relying upon what his eyes and hands can learn of it, and irrespective of its consequences, calls it a chancroid; the other, resting solely upon its consequences, and regarding as comparatively unimportant its physical appearance, names it a chancre. The former holds that the same poison may in one individual cause but a local ulcer, and in another set up a disease which may affect and destroy every tissue in the body of its victim and perpetuate itself to the remotest generation of his descendants,—a proposition which the latter unequivocally denies.

Now, where opinions are so diametrically opposed, how shall it be determined which is correct?

This resolves itself, it seems to me, into another question, namely, whether there be any test which, applied to a suspected lesion, is competent to determine its name and nature irrespective of what may be its issue? If such there be, then a surgeon of sufficient experience and carefulness, after using the test, may with right assert and maintain the nature of such a lesion, no matter what may follow. If, however, no such infallible test be known, it must, I think, be admitted to be more rational to judge a lesion—as a tree—by its fruits.

Let us see if such a test exists.

When the dualistic theory was first enunciated, no doubt was entertained on this score, and there were formulated for the differential diagnosis of the chancre and chancroid quite elaborate descriptions, upon which such implicit reliance was placed that it was thought their application would establish this theory upon a sure basis, demonstrating beyond doubt that the chancre was always followed by general manifestations of syphilis and the chancroid never.

These definitions were essentially the same as are still used in treatises on venereal disease, and may be epitomized as follows. The *chancre* is a lesion, usually single, appearing after a period of incubation, originating as a papule, having a superficial, "scooped-out" ulceration, with scanty serous secretion, not auto-inoculable, with a peculiar underlying induration, indolent involvement of near lymphatic ganglia, and subsequent appearance of so-called secondary syphilitic manifestations.

The *chancroid*, on the other hand, is a lesion, often multiple, without a true period of incubation, originating as a pustule, developing into a deep, "punched-out" or undermining ulcer, with profuse, purulent, or ichorous discharge, auto-inoculable to an unlimited extent, with a soft, pliable base, either no involvement of near lymphatic ganglia, or, if any, this of a highly inflammatory, usually suppurative grade, but no more remote consequences.

These descriptions are adequate in so many cases that we may not be greatly surprised that the founders of the dualistic theory supposed they would prove adequate in all; nor should we criticise them too severely for being carried away with the fascination of what seemed a complete theory, though it so soon proved vulnerable. For scarcely had it been fairly launched when apparent contradictions began to be observed. Diagnoses founded upon the definitions thus promulgated led to errors of prognosis which were as mortifying to the dualists as they were reassuring to the advocates of unicism. Lesions in which the trusted signs of the chancre were wanting or undiscoverable, but which presented those attributed to the chancroid, were observed to be followed in some cases by manifestation of secondary syphilis.

One thing was at once apparent: either, contrary to the new theory, a chancroid might be the initial lesion of syphilis, or the means formulated for diagnosing between a chancre and a chancroid were not conclusive. The unicists claimed the former, and, with apparent justice, called upon the dualists to abide by the result of the definitions they had themselves framed. This was a very serious summons, to have evaded which would have indicated that dualism had deserted the ground upon which all its deductions were founded, viz., observation, to hide itself behind an hypothesis. If any explanation of the

seeming paradox could be found, it must be by going more carefully over the steps already traced and discovering at what point the error had crept in. This was then done, with the result of discovering a mistake, whose acknowledgment has at times been stigmatized by opponents more zealous than discreet as "begging the question." Nevertheless, honest and able men, convinced of the fundamental soundness of the dualistic theory, have thought it no shame to admit an error in one of its details. As Helmholtz has said,—with no allusion to our present subject, however,—"He who labors upon a well-secured foundation may, without reluctance, acknowledge an error, since nothing is thereby taken from him but that in which he erred." So, in the juncture alluded to, the dualists soon discovered that it had been a mistake to believe, or state, that to be invariably the case which had merely thus far appeared so in their experience. It was unfortunate, but not irremediable, that they had in their zeal overlooked the fact that accidental circumstances might so modify the appearance of a lesion as to make it vary materially from that which might be regarded as typical, and, indeed, for a time completely mask its true nature. Thus, in the case of the chancre, they soon learned that its usual characteristics might be utterly transformed by phenomena resulting from the inoculation previously, simultaneously, or subsequently to that of the proper syphilitic poison of some other virulent matter capable of acting out its own nature irrespective of the former, or by the influence of chemical or mechanical irritants, such as are often furnished by the personal uncleanliness of patients or the friction of their garments. This explanation of these apparent contradictions to the theory of dualism was the fruit of careful observation, conducted—as it probably could never have been conducted elsewhere—in Paris, by Ricord and his disciples, eminent among whom was and is Fournier, and abundantly corroborated by other students of this subject. I have myself too often seen an unmistakable chancre thus converted into a lesion which simulated in every essential point a chancroid to have the least doubt of the fairness or correctness of the explanation. A number of such cases, and to my mind of the most conclusive character, came under my notice in 1877, when investigating, with Dr. Maury, the results of tattooing by a man who, at the time he did his work, had mucous patches in his mouth and used his saliva to moisten his pigments. (Vide *American Journal of the Medical Sciences*, January, 1878.) In these cases we had an opportunity—which, so far as I know, is unparalleled in the history of syphilography—of seeing with our own eyes the lesions which furnished the virus, the implements which conveyed it, of knowing the external influences to which the persons inoculated were subjected, and of examining in different stages the initial and later lesions which resulted. And in these the effect of accidental circumstances was so well marked, that I was deeply impressed with the folly of dogmatically asserting a diagnosis founded upon physical appearances alone, and with the force of Ricord's remark, that "there are cases where only the imprudent or the ignorant speak positively."

The demonstration to the dualists, that a chancre may vary greatly in physical appearance from the description first laid down, was, however, as nothing to the overthrow of another test, which was considered absolutely infallible. It was firmly believed, partly from observation and partly upon theoretical grounds, that, syphilis being *ab initio* a constitutional disease and the chancroid but a local lesion, the secretion of a chancre could not be successfully inoculated upon the individual bearing it or any other already affected with syphilis; while that of the chancroid was auto-inoculable *ad infinitum*.

The result of many observations and experiments seemed to establish beyond doubt the latter part of this proposition. Indeed, it is a fact which cannot be disputed, that the secretion of the chancroid is auto-inoculable and reinoculable, if not *ad infinitum*, at least to a very great number of times. Many experiments go to show this, and none more conclusively than those of that distinguished syphilographer and most ardent of unicists, Boeck.

Let us now examine the latter half of the proposition. In accordance with the theory of zymotic diseases, the supposed permeation of the system with the syphilitic poison was believed to afford a sure means of testing the nature of a suspected lesion. It was thought that if it were a chancre no attempt to inoculate its secre-

tion upon the individual bearing it, or another syphilitic, could succeed; and, conversely, that if such an attempt did succeed, the lesion in question was not a chancre. In a sense this was perfectly true. An individual already affected with syphilis could not be made the subject of *another syphilis* so long as that existed. But it was a grave error to have framed such a definition of the chancre as should seem practically to affirm that the inoculation upon a syphilitic of material from a chancre would never produce any local disturbance whatever. This was one of those lamentable instances of mixed *a priori* reasoning and generalizing upon too scanty observation, of which the history of medicine furnishes only too many examples.

And it was not long before the fallacy was exposed. Clerc first, and since his day many others,—chief of whom was Boeck, with his process of "syphilization,"—have shown conclusively that auto-inoculation with the secretion of a chancre—though in many cases its results are purely negative—may, especially if the chancre has been irritated, produce an ulcer, and, moreover, an ulcer having many of the characteristics of a chancroid. Indeed, so strong is this resemblance that Clerc concluded it indicated identity, and suggested for the lesion thus induced, and the local venereal ulcer, the name "*chancroïde*," already alluded to. He believed this lesion was a sort of bastard syphilis or chancre, capable of producing in a non-syphilitic only a local ulcer, and thus originating a chancroid which would never revert to the true syphilitic type.

Very soon, however, it was demonstrated that it would not do to act upon the assumption that this ulcer was what Clerc supposed it to be, a bastard, or—if the expression be here permitted—an emasculated chancre; for inoculation of material derived from it was shown to be capable of communicating a genuine syphilis.

It then remained demonstrated simply that an ulcer of a definite sort might be induced by inoculating a syphilitic with the secretion of a chancre. The supposition, however, that in such a case the production of this ulcer or its peculiar appearance was dependent upon a *specific* action of the material derived from a chancre was soon disproved by experiments, which showed that many other irritating materials might, if inoculated upon a syphilitic, give rise to similar ulcers, and quite as closely resembling chancroids. Thus the secretion of acne pustules, as well as of the vesicles and pustules of scabies, was found capable of inducing such lesions.

If anything was lacking to the demonstration that the successful auto-inoculation of a chancre did not produce another lesion *in nature* exactly like that from which the virus was taken, it was furnished by the remarkable observation that pus from this induced ulcer *might* be inoculated upon a non-syphilitic without communicating syphilis to him; as is also the case with the pure purulent secretion of an abscess, of gonorrhœa, of a vaccine pustule, or even of a genuine chancroid upon a syphilitic, *if unmixed with tissue débris*, which appears to contain the real syphilitic contagium.

The observation of this fact, in connection with that noted above,—that the inoculation upon a non-syphilitic of the secretion of a suppurative lesion, even a chancroid, on a syphilitic might communicate in one case syphilis and in another simply a local lesion,—led Rollet, in 1860, to propose the theory of the "mixed chancre." According to this, the natures of the chancre and chancroid are so utterly different that both may be inoculated at the same time, in which case the more virulent action of the chancroidal poison will usually declare itself at once, and may conceal that of the syphilitic; this making itself known only after the lapse of a certain time, either locally or remotely, or in both ways. The communication of a chancroid alone, under the circumstances just stated, this theory asserts, is because of a fortuitous absence in such a case of the true syphilitic virus; the pus of a chancroid, like the pus of many other lesions, being capable of serving as *the vehicle* of the syphilitic contagium, but *not being the contagium itself*, a distinction—between *a vehicle* and a *contagium*—which cannot be too carefully considered.

Finally, were not the explanations already mentioned conclusive as to the error having been in depending too implicitly upon the commonly-accepted definitions in those cases where it was asserted that a chancroid pure and simple had been the initial lesion of syphilis, there remains an argument which cannot be entangled in a

confusion of names. This argument is supplied by an enormous number of "confrontations," in which the lesion in question has been compared with the very one from which it was derived, and which have invariably shown that, whatever might be the appearance of a lesion which was the starting-point of syphilis, the lesion from which it was acquired was accompanied or followed by manifestations demonstrating its constitutional, syphilitic nature as contrasted with the local venereal ulcer. No surer is the axiom "*Omnis celiula e cellulâ*" than that *every syphilis is derived from a syphilis;* that, while a chancre may be in appearance indistinguishable from a chancroid, or a genuine chancroid furnish *the vehicle* for the syphilitic contagium, *no pure, unmixed chancroid*—that is, on a non-syphilitic—*ever furnished this contagium itself.*

When, then, a lesion followed by general manifestations of syphilis is called a chancroid, with the idea of denying in that case the existence of a chancre, dualists can only regard this as an error of diagnosis. They disclaim for themselves, and cannot admit in others, the ability to decide *in every case*, by the application of any of the tests formerly relied on, the nature of a suspected lesion. While there is no doubt of the general applicability and sufficiency of these tests, some cases arise, in this as in every other disease, where only one test is of value,—and that is infallible,—namely, the issue.

And now, if our consideration of this subject thus far has been fair and logical, we cannot avoid the conclusion that the definition of the chancre which has been so long used is liable to variations and apparent contradictions, which, if not kept constantly in mind and duly estimated, may mislead the practitioner and confuse the student.

But, it may be asked, can a better be suggested?

I think there can. And in this way better,—that it shall be a formula which, if it must be modified, shall be modified by being elaborated, developed, not by having any part of it stricken out or contradicted,—that is, a formula which, while it *does not assert all that may be true of any chancre, asserts nothing that is not true of every chancre.* The only formula meeting these requirements, that I know of, is this: "*The chancre is the initial lesion of syphilis.*"

Every one knows that—except in hereditary cases—syphilis is acquired through the intervention of a lesion called primary or initial, which is invariably derived from an individual already syphilitic. A chancre is always such an initial lesion. This no one controverts. Whether, however, this statement can be inverted so as to read, "the initial lesion of syphilis is always a chancre," is the question in regard to which unicists and dualists take diametrically opposed grounds. The former answer it at once in the negative, claiming, as we have already seen, that at times the chancroid has been the initial lesion of syphilis.

I must acknowledge for myself, besides what has been stated above, that this appears to me a mere battle of words, the end of which would not be long deferred if all syphilographers would abandon the use of terms whose meaning varies in the mouths of different speakers, and employ only such as could not be mistaken, as "the initial lesion of syphilis," or "the simple venereal ulcer."

But as this change of terms may never be effected; since unicists claim and dualists unequivocally deny the possibility of determining the nature of every lesion by other means than its issue; since, when guided by the formulæ we have been considering, positions have been reached which dualists believe to be utterly untenable, it behooves the latter, I believe, with unswerving steadfastness to hold to the simple formula, "the chancre is the initial lesion of syphilis," in accordance with it to shape all their utterances, never permitting themselves to become involved in a confusion of tongues, but always expressing themselves plainly, concisely, and consistently. This I conceive to be a method as dangerous to a false hypothesis as it is favorable to discovery of the truth.

Thus, gentlemen, in discussing the question before us, I have submitted to your consideration certain convictions in regard to the chancre, with an outline of the train of reasoning by which I have been brought to entertain them. The answer to our question may seem naked, but it is the only one, so far as I know, which cannot be abated one jot. It will, I believe, be useful, as serving for a foundation upon which a more fully developed structure may rest. Time forbids that we should now undertake this second step. For the

present I cannot go beyond the object I proposed to myself in undertaking this study, namely, to make a plea for and a contribution, however imperfect, towards the attainment of a higher degree of accuracy, exactness, and precision in the use of the word "chancre."

222 South Fortieth Street.

THE MERCURIAL TREATMENT OF CHANCRE.

BY WILLIAM G. PORTER, M.D.

Read at a Conversational Meeting of the Philadelphia County Medical Society, February 25, 1879.

At a meeting of this Society, held on the 22d of November, 1876, I had the honor of reading a communication on the treatment of chancre, in which I advocated the internal administration of mercury in small doses, as soon as the diagnosis of an infecting chancre had been made, without waiting for the appearance of secondary symptoms, and claimed that it always modified very markedly the subsequent evolution of syphilitic symptoms, in some cases prevented their appearance altogether, and, if persisted in for a long time, cured the disease.

As illustrations of the effect of this treatment, I have ventured to hope that the reports of the following cases might not prove uninteresting to the members of the Society.

The first two cases illustrate the results of the mercurial treatment of the initial lesion itself; the last case shows the good effect of the long-continued treatment in cases which have been allowed to show secondary symptoms before mercurial treatment is instituted.

I was consulted, on the 17th of May, 1877, by Z. A., white, U. S., single, about 30 years of age, in good health,—which he had always enjoyed,—who showed me a suspicious-looking sore on the penis, and gave me the following history.

At least ten days before, his attention was directed to a small sore on the glans penis, on the left side, near the corona, which was at first attributed to a chafe caused by riding on horseback. Some simple ointment was applied, but the sore did not heal, and, becoming alarmed, he consulted me.

The sore presented, on examination, in a very marked degree all the symptoms of an infecting chancre. The induration of its base, and the characteristically enlarged, indurated, and painless condition of the inguinal glands, together with the appearance of its surface and the character of the secretion from it, left no doubt on my own mind as to its nature.

On informing the patient of my opinion, he told me that he could not understand how it was possible; that, always having had a great dread of venereal disease (although he not infrequently had intercourse with public women), he was always particularly careful as regards ablutions, washing the parts thoroughly, after each act of intercourse, with soap and water, and always using a solution of permanganate of potash as soon as he returned home; and, furthermore, that, with a single exception, he had not had intercourse for more than two years without making use of a condom, and that on no occasion had any accident happened to the condom. On inquiring as to the exception, he stated that the last coition had been three weeks before the appearance of the sore, and on that occasion, owing to the circumstances under which the act took place, he had no opportunity either to wash himself or to apply disinfectants for some time afterwards.

As he was still incredulous, although insisting on the accuracy of my diagnosis, I suggested to him that if an examination of his suspected female friend could be obtained, it would doubtless throw additional light on the subject. He at once assented, and promised to do his best to secure it. Meantime, the sore was thoroughly cauterized with nitric acid, and a wash of laudanum and water given him to apply to it. Within a week the examination was obtained, and revealed the following condition of affairs.

The patient was a blonde, about 17 years of age. On the right labium minor was a large indurated chancre; the inguinal glands of both groins were enlarged, indurated, and painless; an abundant crop of condylomata surrounded the anus; a profuse purulent discharge issued from the vagina; the posterior cervical glands, as well as those on the inner side of each arm, above the elbow, were enlarged, indurated, and painless; the trunk, arms, thighs, and legs were covered with a well-marked syphilitic roseola; there were mucous patches on the tongue, inside of the lips, and on the tonsil.

On questioning her, she stated that the eruption on her skin had existed for some time, but as it had not itched, and did not appear on her face or hands, she had not troubled herself about it. The primary sore had existed, to her knowledge, at least six weeks, and probably much longer, as it was painless. She was placed on appropriate treatment, and when last heard from, about eight months afterwards, was apparently in good health.

On the 24th of May, 1877, our patient was placed on the protiodide of mercury, in doses of one-quarter of a grain, three times a day from that time until the 7th of December, 1877 (more than six months); he was kept

steadily on mercurial treatment, principally the protiodide, in doses varying from one-sixth to one-half grain, three times a day, always combined with extract of hyoscyamus or small quantities of opium, and sometimes combined with quinine or iron. On the 12th of December, five days after the cessation of the mercurial, it was again resumed, and taken steadily without a longer interruption than a week, and that not more than twice, until the 14th of December, 1878 (more than eleven months), since which time the intervals of rest from treatment have been rapidly increased.

And now, what symptoms of syphilis has the patient presented in the more than twenty months that he has been under observation? He has never had a single symptom to attract the attention or arouse the suspicions of family or friends. He has had no cutaneous eruption; no alopecia; no syphilitic fever; no debility. He has not lost a day from business; not even his most intimate friends have suspected that there was anything the matter with him. The only symptom distinctly syphilitic that he has had has been an occasional slight ulceration along the sides of the tongue and on the inside of the lips like an aborted mucous patch. The patient has never been salivated in the slightest degree, and looks and is as well as he has ever been.

X. Y., white, U. S., 22, presented himself, August 14, 1877, with a suspicious-looking sore on penis, and gave the following history:

The last connection was on August 5, nine days before, at which time he was conscious of having slightly torn himself. The little rent in the mucous membrane did not heal, however, and, finding that it was enlarging, he applied to me. The sore, while not a typical chancre, was exceedingly suspicious in appearance. It was cauterized with nitric acid, and dressed with laudanum and water, and an unfavorable prognosis was given. The slough caused by the cauterization separated, but the resulting ulcer did not heal; the base became more indurated, and finally, fifteen days after his first visit to me, there being no longer any doubt as to the diagnosis, he was placed on mercurial treatment, and has been under close observation ever since.

The mercury was continued, almost without interruption, for a year, and at intervals during the last six months.

This patient began to look and feel badly about the third month, and from the symptoms I was afraid that he was about to have some manifestation on his skin. None appeared, however, and the only suspicious symptom he has ever had, except debility at the third month, has been a milk-white spot on the tongue and another on the left tonsil.

On the 20th of October, 1878, I was consulted by a man who had formerly been under my care as a patient in the Venereal Dispensary of the University of Pennsylvania. He reminded me that he had been under my care for the treatment of syphilis, both at the dispensary and as a private patient.

He then went on to say that he had shown no evidences of syphilis for a long time, and asked me if I thought that he would ever have any return. On consulting my note-book, I found that he had applied at the dispensary for treatment in the month of March, 1873; that he was then four months advanced in his syphilis, presenting at that time a large indurated cicatrix on the prepuce, specifically enlarged and indurated glands in the usual sites over the body, condylomata at the anus, with a fading eruption on his skin. Mercurial treatment was used and persisted in for considerably over a year, and for a long time after the disappearance of symptoms.

I then told him that, while I could not assure him positively that he never would have any return of his symptoms, I did not think it at all likely that he ever would.

He then asked me whether it would be possible for him to be the father of a healthy child, to which I replied that after the treatment he had undergone, and the length of time which he had been in perfect health, I should certainly expect that if he was the father of a child, it would be healthy.

He then told me that I had no idea what a load I had removed from his mind; that he had been married in September, 1877, and that he had a baby four months old, which weighed nine pounds and a half at birth, and which was so exceptionally strong and healthy that, as he expressed it, it worried him to look at it, for, although he had not the slightest reason to suspect the fidelity of his wife, yet, when he saw how healthy the child was, it almost made him doubt its paternity.

To recapitulate, these are the histories of—I. A case of undoubted syphilitic sore contracted from a patient suffering with decided and well-marked constitutional syphilis, presenting, at the time of examination, both primary and secondary symptoms, who, under mercurial treatment, has entirely escaped, during twenty months, all severe symptoms of syphilis, and who has hardly had any symptom of syphilis at all. II. Another case of well-marked chancre, in which, under mercurial treatment for a year and interrupted treatment for six months, the patient has escaped all symptoms of syphilis, with the exception of debility about the third month and a milk-white stain on tongue and tonsil. III. A case of well-marked syphilis, presenting secondary symptoms at the time he came under treatment, nearly six years ago, who, after a continuous treatment by mercury for more than a year, marries, five

years after the commencement of his disease and about three years after the cessation of his mercurial treatment, and who is now the father of a baby which weighed nine pounds and a half at birth, which is now more than eight months old, and has not presented a single syphilitic symptom.

These cases are not selected because the results obtained were in any sense exceptional. Just as good have been obtained in many others, and we are convinced can be obtained in the majority of cases of syphilis.

TRANSLATIONS.

TWO CASES OF STRANGULATED HERNIA REDUCED BY ESMARCH'S BANDAGE.—M. Chapelle has recently used Esmarch's bandage in the taxis of hernia in two cases. The first was that of a man who had a fist-sized left inguinal hernia of old date, which had become strangulated twenty-four hours previously. The bath, ordinary taxis, and ice had failed to reduce the hernia, even in connection with etherization. An elastic bandage was then applied, fixed first over the pubis, with three or four turns about the scrotum up to the penis, then over this seven or eight reverse turns, and finally the hips included. At the end of an hour the patient felt the gut slip back. The second case was that of a woman with a crural hernia the size of a hen's egg. All efforts to reduce the hernia had failed, and herniotomy was about to be resorted to, when a spica bandage of rubber, with a graduated compress, having been applied, complete reduction took place within two hours. Chapelle alludes to other cases in which this treatment was used successfully.—*Cbl. f. Chir.*, No. 11, 1879; from *L'Année Méd.*

JABORANDI IN MUMPS.—Dr. Testa has treated five cases, four of which belonged to a single family. In two of these the œdema of the parotid region was very marked; the skin was red and shining; the fever intense. Jaborandi was given about 9 A.M. By evening the patients, after having experienced free transpiration and salivation, showed marked amelioration, and desired food. At his visit the following morning, Dr. Testa found the swelling in the parotid region much reduced. Two days later the cure was complete. Dr. Testa concludes that jaborandi is valuable in parotitis, on account of its hydragogue properties. Administered in good time, it sometimes cuts the disease short. It may prevent metastasis.—*Jour. des Sci. Méd.*, 1879, No. 3.

TREATMENT OF COLIC.—Phares's method consists in *inversion*,—that is, simply in turning the patient upside-down. Colic of several days' duration has thus been relieved in a few minutes. The patient may take the elbow-knee position, or may lie (face down) on the edge of the bed, with his head and shoulders hanging down. Complete inversion, however, is best. The mechanical aid, in giving vent to gases, is perhaps the most efficient element in the cure.—*Jour. des Sci. Méd.*, 1879, No. 3.

PILOCARPINE IN ECLAMPSIA.—Bidder treated two cases of puerperal eclampsia successfully by means of hypodermic injections of pilocarpine. Two injections, each containing two centigrammes (⅓ gr.) pilocarpine, were employed in each case, together with enemata of thirty to fifty grains chloral hydrate.

ŒDEMA OF THE FEET AS A SIGN OF IMPENDING BED-SORES IN TYPHOID FEVER.—Dr. Cuffer calls attention to the well-known fact that in typhoid fever the lumbar, sacral, and gluteal regions are particularly liable to superficial and deep abscesses. These abscesses are more or less numerous; they commonly make their appearance under the aspect of small tumors the size of a nut, but increase rapidly in size; sometimes join together, and form large collections of pus under the surface. To prevent serious trouble, these abscesses must be opened early; but when not superficial, they may escape detection. The patient has a chill, the physician examines him carefully in all parts, but finds nothing to account for it; meanwhile, the abscess is pursuing its insidious course. At this stage, if the gluteal or lumbar regions are carefully palpated, certain deeply situated indurations may be perceived, sometimes only slightly tender. When these are punctured, pus is evacuated. The sign, however, to which M. Millard first called attention, and which Dr. Cuffer lays stress upon, is that of œdema of the feet, which must not be confounded with that accompanying phlegmasia alba dolens, which is so frequent. Often this is the first and only sign of the occurrence of abscess, which, if not discovered in due time, may work serious mischief.—*La France Méd.*, 1879, p. 187.

PHILADELPHIA
MEDICAL TIMES.

PHILADELPHIA, MAY 24, 1879.

EDITORIAL.

A DEFICIENT LAW OR JUDICIARY.

THE sympathies of the legal profession, and also of the public, in all questions in regard to the sanity or insanity of individuals, seem naturally to side with the supposed victim. The reason of this is not obvious, but it probably depends partly upon a lack of imagination and partly upon the mediæval practice of shutting up an obnoxious relative in an insane asylum. The distress of the individual is so apparent that it outweighs, to the prosaic Anglo-Saxon mind, the often greater, but less obvious, distress of the family or danger to the community; whilst the general Anglo-Saxon tenacity of individual liberty and the memory of foretime deeds of evil blind to the fact that in these days the incarceration of a sane person is really almost an impossibility, partly because asylum superintendents are almost invariably men of the highest moral and intellectual character, but chiefly because so much publicity surrounds all their actions. No reputable physician or institution could afford to risk the total loss of reputation involved in the discovery of such incarceration.

Recently there was in our city a family of most honorable repute, whose members held the most exemplary relations to one another until one of them, who had been the pride and comfort of the house, was smitten down with a form of mental disease in which, it is enough for our purpose to say, all the kindly affections of her nature were replaced by those of a very different character. Year after year this affliction was borne, under most discouraging circumstances, until the safety of herself and others, the infirmities of the other members, and the complaints of neighbors, rendered her removal to a hospital imperatively necessary. At the end of three months the writ of *habeas corpus* was issued, at the solicitation of pretended friends, but against the wishes and protestations of the family. On the trial, five physicians, all holding an honorable place in their profession, testified strongly to the fact of her insanity, and to the necessity of a longer stay in the hospital. They all had had uncommon opportunities for observing the patient, one of them living in the adjoining house, and thus hearing and seeing, through open doors and windows, most demonstrative manifestations of insanity. The only effect of his testimony on the judge was to draw from him the childish remark that hereafter he should not think it safe to live next door to a doctor! Of course, the testimony of the father and brother, recounting scenes of discord and confusion and instances of unseemly behavior, was regarded as of no account.

Before the writ of *habeas corpus* was carried out before the court, a commission, consisting of Dr. Isaac Ray and two citizens, Charles G. Muirhead and I. Edward Carpenter, was appointed by Judges Thayer and Mitchell, under the sixth section of the act of 1869. It examined every witness that appeared,—viz., the father and brother; the doctors who signed the certificate, Morton and Woods (151 North Fifteenth), also Reed, who had been the family physician, and Strawbridge, who had attended in the family, the mother, and also Dr. Kirkbride. Her counsel declined to call any witnesses, and she, Miss ——, declined to appear. The commission decided unanimously that she was insane, Dr. Ray saying that he had never known a case where the evidence of insanity was clearer.

In a land where legislators and judiciary are elected by politicians, we must not, of course, expect too much; but it does seem right that some one should call attention

to the fact that the *sane*, as well as the insane, need protection; that there is no trouble more wearying to mind and body than that of daily life with an insane relative; that the peace and good name of a whole family may be utterly blasted by the action of just such an irresponsible person as the court has released; and that it is not the "doctors," but the community, that ought to be concerned in such cases. The law ought evidently to put the decision not in the hands of a judge, who knows no more about insanity than he does about pneumonia or any other disease, and is dominated by public prejudice, but in that of a commission in which medicine, law, and simple citizenship should be all represented.

PROCEEDINGS OF SOCIETIES.

THE AMERICAN MEDICAL ASSOCIATION.

FIRST DAY'S PROCEEDINGS.

GENERAL Session.—Promptly at eleven o'clock A.M. on Tuesday, May 6, 1879, Dr. Theophilus Parvin called the meeting to order, at De Give's Opera House, Atlanta, Georgia, and requested the Rev. D. W. Gwin, D.D., of the First Baptist Church of Atlanta, to open with prayer the Thirtieth Annual Session of the American Medical Association. After an address of welcome from Dr. Logan, chairman of the Committee of Arrangements, the president delivered his annual address, which was scholarly in tone and composition, elevated in thought and expression, and inspiring in sentiment and manner of delivery. The warmth and earnestness of the speaker as he uttered a masterly protest against the tendency to materialization shown by many of the laborers in the field of natural science, rose to eloquence when he declared his solemn conviction of a future existence and life beyond the grave. He concluded with the following beautiful reference to the large number of physicians who perished in their efforts to stay the epidemic of last year:

"Since we last met together, less than a year ago, hundreds of our profession have fallen victims to the pestilence that walked in darkness and wasted at noonday in so many of the cities of the South. Some of those who thus fell in their efforts to save their fellow-beings from swift death were in the meridian of their powers and of professional success. Others were in the fair morning, with the promise of long years and the hope of high honors. Can we believe that these heroic men live only in the memory of their friends? From all the martyr-memories of noble men and women, in every age, who counted not their lives dear unto them when principle was at stake, or in sublime self-abnegation sacrificed their lives for kindred, for country, for humanity, there comes a solemn protest against denial of life beyond the grave.

"Accepting gratefully all the facts of science, let us beware of rejecting everything that may not be capable of mathematical demonstration and compelling our assent to absolute necessity. There may be truths more important but less open; whisperings of hope that are sure promise of fruition. The poet tells of the sea-shell when, its polished lips shaken and applied to your attentive ear:

> "'And it remembers its august abodes,
> And murmurs as the ocean murmured there.'

So we may hear the deep but distant murmur of the immortal sea as it beats against the shores of time, ready to bear upon its mighty bosom the children of men from life to life, and the law of continuity be found as true of the spiritual as it is of the material world.

"Happy for us, though, unlike the Thracians, we hold no festivities over the dead, if with something of the glad dream of hope, if not in the glory of triumph, we can adopt the familiar words of our great American poet:

> "'There is no death! what seems so is transition:
> This life of mortal breath
> Is but a suburb of the life elysian,
> Whose portal we call death.'"

Prolonged applause followed the closing words of the speaker, and the entire Association rose to its feet in extending to him a vote of thanks. Later in the session five thousand extra copies of this address were ordered to be printed for distribution.

Dr. E. Seguin presented a series of resolutions in regard to the adoption of the metric system, action upon which was postponed until the final day of the session.

On motion, the amendment was adopted consolidating Sections IV. and V., to be known hereafter as Section IV., on State Medicine and Medical Jurisprudence.

SECTIONS.—Dr. N. S. Davis read a report on Climate and Meteorology in the section on Practice of Medicine, which, with the interminable experience of consumptives in Colorado, and some of the "Æro-hygienics of Elevation above the Sea," (!) contributed by Dr. Denison, of Denver, occupied the entire afternoon.

In the section on Obstetrics, Dr. Battey, of Georgia, read a paper on tubo-ovarian pregnancy, with a case; operation at fifth month—death.

Dr. E. Cutler contributed a paper on the Electrolysis of Fibroids, which was read by the chairman in the absence of the author.

Dr. Dunsford spoke on the after-treatment of perineorrhaphy and the disadvantages of constipating the bowels after the operation, and recommended the use of laxatives. This view was supported by Dr. Montrose A. Pallen, of New York, and others, but opposed by Albert A. Smith, of Philadelphia, and R. Beverly Cole, of San Francisco.

Dr. Pallen presented improved retroflexion and anteflexion pessaries of hard rubber which had given him satisfaction in a number of cases. The ice being now broken, gentlemen immediately began presenting pessaries of all sizes and shapes, plain and stem-winders, patent levers and escapement, galvanic pessaries, soft and hard rubber pessaries, pessaries with external support and pessaries without, erect, inclined, round, and square, until the chairman, yielding to the inevitable, announced that Thursday afternoon would be set apart and devoted to the discussion of the entire subject of pessaries, and each member could bring his own, as it is not to be supposed that any one would be considered a gynæcologist until he had invented a pessary.

In the Surgical section Dr. A. C. Post, of New York, reported a case of extensive cicatricial deformity following a burn, which was relieved by a plastic operation. A paper on "Aspiration of the Knee-Joint" was read by H. O. Marcy, of Massachusetts, and generally discussed. It was agreed that where the effusion is purulent free exit should be secured, with antiseptic precautions.

Dr. Turnipseed presented some surgical appliances that did not seem to meet with much approval from the section. A case of chronic luxation of hip was reported by Dr. Matham, of Lawrence, Kansas, and Dr. Dawson, of Ohio, exhibited some calculi from the bladder.

The consolidated section on State Medicine and Medical Jurisprudence was well attended, and the papers were of great interest.

The death of Wm. N. Compton, of Mississippi, the chairman of the former section on Medical Jurisprudence, was announced by Dr. Grissom, who paid an eloquent tribute to the memory of this distinguished gentleman, who perished during the late epidemic, a martyr to humanity. Resolutions were subsequently drawn up and ordered to be spread in the minutes, expressing the respect and regret of the section.

The successful working of the Illinois State Board of Health, and the regulation of medical practice in that State, were the subjects of a report by Dr. H. A. Johnson, which was very favorably received, and an animated discussion followed.

A thoughtful and practical paper by Dr. S. E. Chaillé, of New Orleans, entitled "State Medical Societies and State Medicine," very clearly enunciated the writer's ideas concerning the functions of the American Medical Association, its relationship to subsidiary societies, and its duty in regard to State Medicine. On motion, the chairman was requested to ask for time on Thursday morning for the repetition of this address before the entire Association.

Dr. E. Seguin read a paper on a "Psycho-Physiological Hand," accompanying epilepsy, and indicating cerebral disease.

The section on Ophthalmology, Otology, and Laryngology, though not largely attended, more than made up any deficiency in numbers by earnestness and valuable communications; and with Dr. Knapp, of New York, as chairman, it held, after the first meeting, two sessions daily.

Dr. Williams read a paper on "Ivory Exostosis of the Orbit," and Dr. Voorhees, of Memphis, reported a case of great impairment of sight following large doses of quinia. The day's session then concluded by the detailing of a case of intraocular sarcoma by Dr. Knapp, and also one of degeneration of iris and ciliary body, probably of syphilitic or tubercular origin. A number of microscopic preparations were shown, and the demonstration was of great interest and permanent value.

SECOND DAY'S PROCEEDINGS.

The Association passed a resolution requesting Congress to reduce the duty on quinine.

The chairman of the section of the Practice of Medicine read a very interesting report of the progress of medicine during the past year, and, in speaking of yellow fever, declared his belief in the necessity of a national quarantine.

Dr. J. J. Woodward, U. S. A., read the paper of Dr. John S. Billings on State Medicine, which referred particularly to the National Board of Health, and also insisted upon the necessity and advantages of a national regulation of quarantine. Both of these addresses were referred to the appropriate sections for discussion.

The committee appointed last year to consider the propositions contained in Dr. Richardson's address, recommended that, for the portion of the present code relating to prize essays, there should be substituted four prizes of $250 each for the best original contributions to medical knowledge. The report was received, and committee discharged. The resolution lies over for one year as an amendment.

Amendments (1) restricting the nominating committee in their choice to the names of those actually in attendance, and (2) regulating the manner of choice of officers, and altering the composition of the committee, were laid on the table; another one erecting a new section on the genito-urinary organs and syphilis, including dermatology, was referred to the section on Surgery, where it was finally withdrawn.

Dr. N. S. Davis offered an amendment to the code of ethics, condemning the action of any member of the Association who may be engaged in aiding in the instruction of students expecting to engage in an irregular or exclusive system of medicine.

This was vigorously opposed by Dr. Dunsford, of Ann Arbor, who, in an elaborate and logical argument, exposed the inexpediency and inefficiency of such a rule. On motion, the amendment was laid on the table until next meeting.

SECTIONS.—Dr. L. D. Bulkley, of New York, read a paper on the use of water in the treatment of diseases of the skin, which presented a careful review of the therapeutic results from baths and affusions in different affections of the cutaneous surface.

The address of the chairman was discussed, and the apple of discord, in the shape of quarantine against yellow fever, made its appearance. After considerable discussion, which showed a decided difference of opinion as to the practical value of quarantine, the address was referred to the publication committee.

The address of the chairman of the Committee of Arrangements (Dr. Logan) contained a statement, which so aptly expresses the present aspect of the question, that it may be reproduced here:

"For all practical purposes, it is not necessary to demonstrate whether yellow fever is always imported, or whether, under certain peculiar and exceptional circumstances, it arises upon our coast from local causes alone. That it can be imported, and will, or can, become epidemic from the neglect of proper sanitary regulations in certain localities, will not be questioned. That it may be imported and not become epidemic in the absence of the circumstances which favor its propagation will also be admitted without discussion. The very warm contest, therefore, which has been carried on for many years in regard to the exotic or local causes of yellow fever, does not seem to be justified by the necessities of the case, or the importance of arriving at conclusions of a definite character with reference to the possibility of excluding it altogether as an epidemic from our shores. Let the facts of importation or local origin, or of both, be as they may, no argument is needed to establish the proposition that no means of preventing the occurrence of yellow fever should be neglected which could, by possibility, be brought into requisition.

"The value of a properly regulated system of quarantine cannot be successfully controverted. The value of an enlightened and thorough system of internal sanitary regulations cannot be estimated. In both points of view the facts developed in regard to the recent epidemic of yellow fever upon our coast form a sad commentary upon the wisdom and fidelity of both State and local authorities. Not being a statesman, and this not being the time or the occasion to discuss the question of federal or State jurisdiction, which has excited some controversy of late, I will still venture to say that if those States through whose borders the fell destroyer makes his incursions continue to be insensible to the lamentations of widows and orphans and the wreck of homes and fortune, I, for one, would gladly welcome the intervention of the paternal care of the general government in the effort to save the lives of the people, even though it be at the expense of a cherished political idea."

In the section on Obstetrics, Dr. Chadwick's gynæcological operating-table was shown by Dr. Marcy, and generally examined and approved.

The chairman, Dr. Lewis, of Louisiana, read a communication from Dr. Cutter, of Massachusetts, on the Treatment of Uterine Displacements by the Stem Pessary. Here the tide was again stemmed and discussion prevented by a reminder from the chairman that the subject was the order of the day for to-morrow.

A number of instruments devised by Dr. E. B. Turnipseed, of South Carolina, were exhibited, including a new hysterotome, a new uterine dilator and speculum, a new vaginal speculum, and a new apparatus for delivering women without the use of the forceps, on the principle of atmospheric pressure. The latter device consisted of a hollow rubber sphere, which, being exhausted of air, is to be accurately applied to the presenting half of the child's head; placed in this position, according to the programme, it then permits traction to be made upon it, and the baby naturally follows, just as the reluctant brick obeys the centrally supported disk of sole leather in the hands of the infant Archimedes.

Dr. Montrose A. Pallen, of New York, presented diagrams of lacerated perineum, and explained his operation for restoring the base of support to the vagina. He also demonstrated a peculiar operation for the cure of sterility in certain cases by vagino-cervoplasty, including the amputation of part of an elongated cervix.

In the Surgical section, Dr. Sayre explained his treatment of spondylitis, and afterwards applied the plaster cuirass.

Dr. Link, of Indiana, in a paper on this subject, recommended amputations of the extremities by the cone-shaped method.

Dr. Campbell, of Augusta, read details of 46 cases of vesical calculus.

In the fourth section a paper by Dr. Storer, of Rhode Island, on "The New Principles of Protective Sanitation in its Relation to Public Hygiene," was read by Dr. Dunster, in the absence of the author. It refers to a plan of co-operative sanitation that is applicable in

its present shape to small communities, and is apparently capable of extension to larger ones.

The resolutions in Dr. Billings's annual address as chairman of the section were next considered, requiring the American Medical Association to request every physician to aid the superintendent of the census in his efforts to make up complete statistics of mortality. Every physician also is recommended to keep notes of his cases from the first of June; blanks will be furnished, on application, for making out the reports requested. These resolutions were adopted.

The operation for cataract engaged a large part of the attention of Section VI. during the day, papers being read on this subject by Dr. Knapp, Dr. Pope, and Dr. Calhoun, and it was freely discussed.

Dr. Dudley Reynolds explained his method of treating cystoid cicatrix by pressure.

Dr. Smith, of Detroit, reported a successful case of operation for xerophthalmia.

Some specimens of intra-ocular disease were exhibited by the chairman; which attracted much attention.

THIRD DAY'S PROCEEDINGS.

Reports were received on Ozone, from N. S. Davis; on Necrology, by J. M. Toner; and one on the National Library, by Dr. H. C. Wood, in which reference was made to the labors of Dr. Billings and the publication of the "Index Medicus."

Dr. Woodward publicly thanked the Association for the warm support it had given to his colleague, Dr. Billings, in his efforts to complete the great and important work in which he is now engaged.

The paper of Dr. Chaillé, already referred to, was now read. It contained certain recommendations contemplating a more thorough organization of State and county societies, urged the publication of an official journal in the place of the annual Transactions, and called for the appointment of a standing committee of five to consider the more efficient organization of this Association and its branches.

Dr. Moses Gunn, of Chicago, chairman of the section on Surgery and Anatomy, read a review of the more prominent evidences of advance in his department, devoting considerable time to discussing the origin of pus, and to the application of the antiseptic system to surgery.

The chairman of the section on Obstetrics then read a very interesting paper on the progress in his department. He favored antiseptic precautions after delivery; discussed gastro-elytrotomy; recommended tardy ligation of the umbilical cord; and discouraged traction on the lower jaw in head-last labors. In cases of cancer of the uterus he advised removal of the entire organ; and in Cæsarean section thought that the removal of uterus and ovaries was justifiable. In uterine fibroids he recommended small doses of ergot and of iodine, and hot-water vaginal injection.

On motion of Dr. Seguin, the following resolutions were adopted:

Resolved, That the American Medical Association

1. Adopts the international metric system, and will use it in its Transactions.

2. Requests that those who present papers at its future meetings employ this system in their communications, or reprints thereof.

3. Requests the medical boards of the hospitals and dispensaries to adopt the metric system in prescribing and recording cases; and that the faculties of the medical and pharmaceutic schools adopt it in their didactic, clinical, and dispensing departments.

4. Requests the physicians familiar with the metric system to help their confrères and the druggists in its application; and the delegates present at this session to work up the acceptance of the metric system by their respective county and State societies.

5. Requests our president to name a metric executive committee, of which he shall be the ex-officio chairman, and whose task it will be to give unity and rapidity to this metric movement.

SECTIONS.—In the section on the Practice of Medicine, an exhaustive paper was read on Veratrum Viride, by G. F. Cooper, of Georgia; followed by a report of a case, and specimen, of plastic bronchitis, by Dr. Glasgow, of Missouri; and finally a clinical lecture on "Inflammation of the Hair Follicles of the Beard, by Dr. J. V. Shoemaker, of Pennsylvania.

In Section II., Dr. Albert H. Smith, by appointment of the chair, opened the discussion on pessaries, and gave an exceedingly clear résumé of the subject, describing the conditions to be met and the principles of treatment.

Dr. Pallen, of New York, differed from the views just expressed as to the etiology of displacements. The broad ligament is not a true ligament, and does not sustain the uterus; the uterus owes its support to the surrounding organs, and its position is dependent upon the integrity of the perineum.

In the Surgical section papers were read on the écraseur for removal of uterine tumors; on carbolic acid injections for hemorrhoids; on gonorrhœa; and a new instrument for producing anæsthesia, the latter by Dr. Pollock, of Pittsburg.

In the section on State Medicine, Dr. Chaillé's recommendations were adopted, and the resolutions again referred to the general session. A paper on the "Medical Examiner System of Massachusetts" was read and referred for publication.

A report from Dr. Billings on the construction of hospitals, accompanied by plans and

diagrams, was presented and likewise referred.

Dr. Alban S. Payne submitted a paper on the "Treatment of Smallpox by Elimination."

In Section VI., Dr. Knapp gave an interesting lecture on "Mastoid Disease," which was abundantly illustrated, and led to a prolonged discussion.

FOURTH DAY—THE ADJOURNMENT.

Dr. Knapp presented a comprehensive account of the progress in his department during the past year, which was listened to with close attention throughout. Among the recommendations may be noticed the value of eserine in glaucoma, of Duboisia as a substitute for atropia, and his improvement upon the operation for cataract by the use of his needle with a cutting edge. He reports having performed over seven hundred cataract extractions.

The resolutions offered by Dr. Chaillé were adopted, and the president appointed the following standing committee on the more efficient organization of the Association and its branches: Drs. Gross, Pratt, Davis, Bell, and Garcelon. The secretary announced that State boards of health had been established in twenty-one States of the Union.

The committee on prize essays awarded the prize to Allen McLane Hamilton, of New York, for a thesis on "Primary and Secondary (local) Degeneration of the Lateral Column of the Spinal Cord, with especial reference to an Infantile Rare Form."

The committee on nominations having reported the election of Louis A. Sayre, M.D., of New York, as President, and R. Beverly Cole, of California, First Vice-President, Dr. Parvin, in a short and complimentary address, introduced Dr. Sayre, the president elect, who returned his acknowledgments of the honor conferred, amid prolonged applause.

THE ENTERTAINMENTS.

During the week, the first evening was devoted to calling, by invitation, upon Governor Colquitt; the next to attending a dozen receptions; the third to a grand banquet given by the profession and citizens of Atlanta to their guests, the American Medical Association and the Public Health Board; and on Friday evening there was a reception at the Kimball House. On Saturday a large number of delegates accepted an invitation to attend a barbecue at Augusta; others went west to Chattanooga, and beyond, to attend the celebration at Danville in honor of Dr. Ephraim McDowell, the founder of ovariotomy. All left reluctantly, and with very favorable impressions of their hosts and of Atlanta.

The next place of meeting is New York; time, the first Tuesday in June, 1880. W.

THE CONVENTION OF AMERICAN MEDICAL COLLEGES AT ATLANTA, GEORGIA.

WHEN the subject of higher medical education was under discussion, at the meeting of the American Medical College Association held at Buffalo one year ago, the opinion was very generally expressed that it is a duty, which the colleges owe to the profession, to extend their period of instruction to at least three years, and to exact some preliminary preparation of students, as shown by examination before matriculation. Just in time to prevent the adoption of resolutions pledging the institutions constituting the Association to conform to popular opinion by conceding these points, it was discovered that the Association had no jurisdiction over the colleges, and that no action or resolution of the meeting would be at all binding upon the latter. It was then directed that a call should be issued for a convention of representatives, under a series of resolutions offered by Prof. S. D. Gross, which, after amendment, were adopted, as follows:

"WHEREAS, It is eminently desirable that the medical schools of this country should adopt a uniform system of instruction, of a grade fully in accord with the requirements of the age in other branches of study and with the practice of the medical institutions of Europe; and

"WHEREAS, All the efforts to bring about such a change on the part of the American Medical Association, of the Association of Medical Teachers assembled at Cincinnati in 1867 and at Washington in 1869, and of different State medical societies, have signally failed; and

"WHEREAS, The present time seems to be peculiarly favorable for taking strong ground upon the subject, inasmuch as it is now attracting general attention throughout the United States: therefore

"*Resolved*, That this Association respectfully and earnestly requests that the regularly organized and accredited medical schools of the United States hold, at their earliest convenience, a meeting for the purpose of adopting some definite and final action upon a subject of such vital importance to the dignity, character, and usefulness of the profession and the welfare of the American people;

"*Resolved*, That, in order to impart proper efficiency to this plan, each and every college shall be requested to send two delegates, consisting of one member from each board of trustees and of one member of each faculty, with full power to act for their respective institutions;

"*Resolved*, That the medical and secular press throughout the United States be respectfully requested to lend their aid in the dissemination and discussion of these preambles and resolutions, in order to place the whole

matter of medical education prominently before the profession and the people;

"*Resolved*, That a copy of these preambles and resolutions, signed by the president and secretary of this Association, be transmitted to the officers of every regularly constituted medical college in the United States, with a request to hold the contemplated meeting at Atlanta, Ga., on Friday, May 2, 1879."

These resolutions were adopted, and copies were sent to all accredited American medical colleges, with an earnest request for their special attention to the matter. The amount of interest shown by the management of our medical schools generally in medical reform, may be inferred from the fact that representatives from only twenty-five out of fifty-nine institutions were found to be in attendance upon the session. At this comparatively small meeting, moreover, there appeared to be such diversity of opinion, that nothing definite was accomplished when the hour of adjournment arrived. Prof. Gross presided, but his recommendations did not receive the support that he had anticipated. The following propositions, after much discussion, were finally referred to the meeting of the American Medical College Association:

"*First*. That all medical colleges should require three regular courses of lectures in three separate years as one of the requirements for conferring the degree of M.D.

"*Second*. That all medical colleges should require, before admitting to matriculation, a preliminary examination,—such examination embracing at least the elements of the physical sciences in addition to a fair English education."

These propositions were adopted as the sentiment of the Convention, and referred to the Association of American Medical Colleges; and the Convention adjourned *sine die*.

Thus ended, in vapor, a convention from which so much had been expected,—the only commission ever created having the authority to set American medical colleges right before the world in regard to questions of vital importance to the profession and people of this country. Since our colleges have failed to seize this opportunity, and have not risen to the moral height demanded by popular sentiment, it must be evident to every advocate of a higher medical education that it is not upon voluntary action on the part of the schools that we can depend for any material advance in the requirements for the medical degree.

THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES.

This Association met on Saturday, May 3, 1879. Dr. N. S. Davis being called to the chair, the death of Prof. Biddle, the President of the Association, was announced, and the following memorial was presented by a committee appointed for the purpose:

"Since the assembling of this Association, death has invaded our circle and launched his shaft with unerring aim against our presiding officer.

"Professor J. B. Biddle, who presided over the convention which called this Association into existence, and who was twice its president, was widely known as a gentleman of culture and refinement, a teacher who possessed the happy gift of imparting knowledge, a physician of rare ability, and an author whose written wisdom reached and benefited his professional brethren.

"To us who have felt his guiding hand in our deliberations, he was known as an officer of quick perception, clear head, decisive ruling, and winning urbanity.

"While, then, we are compelled to bow in submission to the stern decree which has removed him from our midst, we cannot refrain from expressing our deep sorrow for our own loss, and tendering to his bereaved family our heartfelt sympathy in this their great hour of grief and sorrow.

"Let us honor his memory by emulating his virtues.

"W. W. DAWSON,
"S. D. GROSS,
"MOSES DUNN."

The motion that a copy of these resolutions be spread upon the minutes, that a memorial page be devoted to them in the official report of this convention, and that a copy be forwarded to the bereaved family, was carried.

The election of officers being next in order, Dr. Samuel D. Gross, of Philadelphia, was elected President; Dr. N. S. Davis was elected Vice-President; and Dr. Leartus Connor, of the Detroit Medical College, was elected Secretary and Treasurer.

Next in order was the reading of a communication from the "Convention of Medical Colleges." At that convention the questions discussed were: (1.) Should all medical colleges require three regular courses of lectures in three separate years as one of the requirements for conferring the degree of M.D.? (2.) Should all medical colleges require before admitting to matriculation a preliminary examination, such examination embracing at least the elements of the physical sciences in addition to a fair English education? Since only twenty-five of the fifty-nine medical colleges in the United States were represented in that convention, they were powerless to act; and this communication was intended to bring these questions before the present convention, where decisive action could be taken upon them. The first of the questions thus referred was disposed of by an amendment to the Articles of Confederation, proposed by Professor Menees, by which said question was answered affirmatively. Under the rules of the Association, the amendment was tabled till the next session. The second of the referred questions was laid upon the table for one year.

The following amendment to Art. I. of the Articles of Confederation was then offered by Professor Bodine: "The majority of the members of one faculty shall not constitute the majority of the members of another faculty, unless the sessions of the two schools are held simultaneously."

The amendment was seconded, and under the rules lies over till next year.

Professor Chaillé called from the table the following: "*Resolved*, That it shall be considered derogatory to the dignity and good standing of any medical college represented in this Association to advertise in any other than a strictly medical publication the names of its professors, with their respective chairs."

This resolution does not apply to the annual circulars and catalogues issued by the colleges, but to advertising non-professional periodicals, newspapers, and other like publications in which only a card calling attention to the advantages of the school, length of session, fees, etc., with the names of the executive officer or secretary appended, should be permitted.

After full discussion, the resolution was adopted.

Professor Chaillé offered the following amendment to the Articles of Confederation: "No college shall advertise in any other than a strictly medical publication the names of its professors, with their respective chairs." The amendment was seconded and laid on the table till next year.

The report of the treasurer, Dr. L. Conner, showing a balance in the treasury of eighty dollars, was then read and approved.

Professor Greenville Dowell offered the following: "*Resolved*, That the metric system shall henceforth be used in the minutes of this Association, and in all other papers published under its authority, and that the professors represented in this Association be requested to teach the metric system in their schools." Which was laid on the table.

Professor Dunster offered the following amendment to the By-laws: For Section 1, Article 5 of the By-laws, substitute the following: "Delegates to the meetings of the Association may be chosen from among the members of the governing boards of a college, or from members of the faculty having a vote upon the graduation of students, or from both; but in no case shall such double representation entitle the college to more than one vote in the Association." Laid over till next year.

On motion of the secretary, thanks were tendered Professor Westmoreland and the Georgia State officials for providing such comfortable and convenient rooms for the meeting of the Association.

On motion of Dr. Gross, thanks were tendered the officers of the Association.

It was then moved to adjourn to meet next year in the place that the American Medical Association meets, and on the Monday preceding the convening of that body.

THE ASSOCIATION OF AMERICAN MEDICAL EDITORS.

At the suggestion of Dr. Theophilus Parvin, of Indianapolis, a number of medical editors in attendance upon the meeting of the American Medical Association in 1869, assembled together and formed a permanent organization for the promotion of mutual acquaintance and social intercourse among American medical editors, and for the discussion of topics of common interest, and stated meetings have been held each year since that time.

The eleventh annual session of this Association was held in Atlanta, Georgia, May 5, 1879, on the evening before the meeting of the American Medical Association, Dr. Wm. Brodie (*New Preparations*), of Michigan, presiding. Representatives from fifteen journals were in attendance. In the president's address the practice of advertising patent medicines by medical journals, and recommending their use to physicians, was condemned as contrary to the spirit of the code of ethics, and a set of resolutions was offered expressing this sentiment. On the motion of Dr. Dunster (*Michigan Medical News*), the resolutions were unanimously adopted, and they were directed to be transmitted to the American Medical Association.

Dr. Parvin (*American Practitioner*) referred to the loss that American journalism had sustained in the death of Dr. Isaac Hayes and Dr. Waddell, and moved that a committee be appointed to present appropriate resolutions.

After a general discussion of the objects of the Association and its prospects for future usefulness, the election for officers was held for the ensuing year. The nominating committee presented the following ticket, which was unanimously elected: For President, Dr. T. S. Powell (*Southern Medical Record*), of Atlanta, Georgia; for Vice-President, Frank Woodbury (*Boston Medical and Surgical Journal*); Secretary, Frank H. Davis (*Chicago Medical Journal*). Time and place of meeting, as usual, to be governed by the action of the American Medical Association.

A dinner was given to the Association by the staff of the *Southern Medical Record*, on Wednesday, May 7, at which great harmony prevailed.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

AT a conversational meeting, held at the hall of the College of Physicians, Philadelphia, February 25, 1879, Dr. Henry H. Smith, President, in the chair, Dr. C. H. Dulles read a paper entitled "What is a Chancre?" which was generally discussed.

Dr. Henry H. Smith, in opening the discussion, said that, though he had been much gratified in listening to the paper, he could not entirely agree with all that its author had presented. The term *chancre* was an unfor-

tunate one, and never had any definite meaning, but was of the same unsatisfactory derivation as the word *cancer*, which, as applied to tumors, only indicated some peculiarity in appearance or growth, especially resemblance of the enlarged veins to the claws of a crab. Chancre has the same derivation, though it is commonly held to be only the expression "the primary lesion of syphilis," or "the primary sore," and this latter is a much better name, the term chancre being a bad one. The real question for consideration at this time, however, is that of treatment, whether it shall be by mercurialization or not. Dr. Smith's experience, during more than forty years, had made him an anti-mercurialist. The discussion of this treatment is certainly of interest, but probably to the end of time the profession will not be united upon the subject. Dr. Smith was also a "unicist," and thought that there was but one syphilitic poison, this producing a variety of effects, according to the health, cleanliness, etc., of the patient. In a healthy subject the poison occasions a rather simple inflammation, and one in accordance with the strength of the primary infection, its subsequent course being that of a zymotic disease, which, in its development, resembled vaccina or the inoculation of variola.

Dr. Smith differed from the sentiments of the author of the paper in one respect, viz., the earliest form of the inoculation. In his opinion, a chancre is first a vesicle, and not a papule, as stated by the writer, and, whether the lesion is found in the skin or on the mucous membrane, the first effect of the poison is an irritation, that is soon followed by inflammation and effusion of serum beneath the surface of the cuticle or epithelium, thus creating a vesicle. Subsequently, the fibrinous exudation may create a hardened base, but he had never seen it offer at first the characteristic of a papule. If we assume that a papule is primarily formed, we must believe that the fibrinous or secondary product of inflammation is thrown out first, instead of the serum, as we ordinarily find it. The slight elevation of the cuticle, caused by the effusion of serum beneath it, may have been mistaken for a papule, and may result from fibrin, as is sometimes formed in the fibrinous deposit around an indurated chancre or around an ordinary boil or abscess. If there is excessive irritation, and the tissue-cells die faster than they can be reproduced, there will be sloughing, and the ulcer will have its edges defined by the fibrinous base, and look as if cut out with a punch. If the inflammation spread outside of this limiting circle, it may progress in all directions, producing, in the regular order, irritation, inflammation, with serous effusion; then fibrin and the appearance of a papule, and, finally, ulceration, the pus from which, by poisoning the blood, shows its effects in the eruption of secondary syphilis.

The effects of syphilitic poison are certainly due not so much to its amount or quality as they are to the condition of the patient at the time of inoculation. This is often well illustrated in the Pennsylvania Hospital, where you find the sailors speaking of the "old-fashioned Spanish pox," this exhibiting a virulence in subjects broken down by dissipation which is unknown in healthy individuals.

Dr. M. O'Hara inquired as to what time should elapse before the appearance of secondary symptoms; what advice could we give, after a chancre, to a person desiring to get married, after many years' non-appearance of syphilitic sequelæ. He had been told that after the primary infection (chancre) the disease may remain latent twenty or thirty years and then show life, like the mummy seeds. He had a case now which perplexed him, of a recurrent ulceration after probable infection five months preceding, in which there are no constitutional symptoms, and he doubted if there had been a primary infecting chancre. He had given mercurial treatment freely, to give the patient the benefit of the doubt. The man was pronounced to have a syphilitic chancre by other physicians, and yet not one constitutional symptom,—merely a return of ulceration around the corona glandis. Has any gentleman experience of a hidden syphilis after the chancre alone for many years?

Dr. Henry H. Smith did not believe that there was any patient who could not be salivated; and, secondly, did not believe that we ever have cases of syphilis which go many years without constitutional symptoms. The ordinary period of incubation is about three weeks, though it might possibly extend to three months. He did not know of any authentic cases on record where a number of years have elapsed between inoculation and the development of disease, and where this apparently occurred, he thought it was certainly due to a subsequent infection.

Dr. C. B. Nancrede recalled a case he had seen reported, where fifty years had elapsed before the secondary symptoms appeared; it was in the Paris correspondence of one of the London journals.

Dr. H. H. Smith said Ricord had one expression that might serve as an explanation of some of the statements appearing in the journals, viz., "that all men were liars" in such cases. In cases where the symptoms are delayed to an inordinate period, there may have been a mistake in the diagnosis; the patient may be subject to hallucinations, or there must have been a subsequent infection which was overlooked,—perhaps a "masked chancre." He would not deny that a man could have secondary symptoms fifty years after a chancre, but he had more recently obtained a new one; he had had a patient that he was treating for gonorrhœa who was seventy years of age.

Dr. William G. Porter.—Patients will often

deny, with the exception of the chancre, that they ever have had any of the symptoms of syphilis, because the secondary symptoms are sometimes so slight, and usually so painless, as not to attract their attention. Surgeons are familiar with cases where all the symptoms of both primary and secondary syphilis are present, and yet the patient is entirely unaware that he has had a chancre until it is pointed out to him. The initial lesion is sometimes so insignificant in its appearance that no attention whatever is given to it.

Dr. W. R. D. Blackwood did not agree with the lecturer entirely. He thought it very important to be able to answer at once the question of the patient as to whether or not he has a chancre, instead of deferring the diagnosis until the secondary symptoms appear. The surgeon ought to be able to tell a patient whether a venereal ulcer is syphilitic or not when it is first presented. The attendant must decide as to the treatment, and whether it is safe for the patient to get married, should such an event be contemplated. The president has spoken of the modification which the poison undergoes, according to the state of health of the patient. In his own experience while in the army, after the war, while stationed at Lexington, in charge of a large number of soldiers, he had instituted a systematic and thorough inspection of houses of prostitution. One syphilitic woman would invariably give the soldiers a hard chancre, which resulted in constitutional sequelæ; another always the inflammatory sore or chancroid. From the first at least thirty men obtained a typical chancre, and the condition of health had apparently nothing to do with it. A couple of colored girls running around the camp always gave the men chancroids and nothing else. It is important to know these sores by sight, so as to institute treatment at once. The patient is not interested in speculative diagnosis; he wants to be cured without delay. The chancre is an innocent little sore, which may be overlooked or not noticed until the secondary symptoms appear, but it is ruinous to the patient. Chancroids often make a large local sore, and attract a good deal of attention, but there they end; no constitutional results are entailed.

Dr. Packard thought that there was, as a rule, a clearly-marked distinction between the two forms of venereal sore,—the true or hard chancre and the soft chancre or chancroid. The latter he believed to be a purely local affair, amenable to local treatment; the former a manifestation of constitutional taint. The true chancre is single, not auto-inoculable; seldom, if ever, becomes phagedenic; is attended with a chain of slightly enlarged inguinal glands; and rarely fails to induce a long series of clearly systemic phenomena. The chancroid may be multiple; will repeat itself if matter from it is applied to an abrasion of skin or mucous membrane in the person bearing it; often gives rise to suppurating bubo; and is not followed by systemic poisoning. Very possibly the two poisons may be mixed, and give rise to some confusion by the intercurrence of their symptoms; but it certainly seems difficult to explain the clinical experience of every day upon the theory that there is but one virus. The subject, however, is one of very great obscurity, as shown by the conflicting opinions still entertained in regard to it, notwithstanding the constant study and discussion bestowed upon it for so many years past. Hence, unless one can speak from the results of exceptionally wide observation, it is well to be cautious in expressing positive convictions.

Dr. R. A. Cleemann knew of a case of suppurating bubo coexisting with an infecting chancre. A physician had a chancre on the hand from examining a patient; he had a suppurating bubo at the elbow, and afterwards had roseola, about six weeks later.

Dr. Dulles had purposely refrained from entering upon the subject of treatment, as too extensive for the present discussion. The physical appearances of the chancre and chancroid are generally sufficient to distinguish them, but cases will occur where it cannot be positively decided which is present until the issue has been observed. Among the cases of syphilis he had seen in the wards of Sigmund and of Fournier, as well as in this country, there were quite a number in which a suppurating bubo was associated with the chancre. As stated in his paper, he believed the initial lesion of syphilis may present all the characteristics of the chancroid, except its harmlessness to the general system.

In regard to the pathological nature of the chancre, he stated that it is pretty generally held by syphilographers to be essentially a papule; that, while in the chancroid the process is a tissue-destroying one, that of the chancre is tissue-forming, and consists in a proliferation of small round cells in the perivascular spaces. Thus the two lesions are of diametrically opposite natures.

In regard to the difficulty of diagnosis, the person who occasionally finds himself unable to distinguish between the chancre and the chancroid will only be in a position which has been occupied by the most distinguished syphilographers. In certain cases a positive opinion must be withheld. He believed the induration of the chancre to be simply the first manifestation of the constitutional infection, the fact that it appears by preference there being due to the irritation set up at that point by the inoculation.

Dr. W. G. Porter read his paper on the "Mercurial Treatment of Chancre" (see page 402).

Dr. John R. Packard inquired whether the lecturer regarded the specified period as the minimum for treatment, or did he not think it might be shortened under other methods?

Dr. Porter said that he began his experience in the treatment of syphilis by allowing secondary symptoms to make their appearance before the patients were placed on mercurial treatment. Experience shows that in altogether exceptional cases a patient having all the symptoms of the initial lesion of syphilis may escape almost entirely secondary or tertiary symptoms of the disease, but in the *vast majority* of cases in which local treatment alone is used for the initial lesion, in a period averaging three months from the first appearance of the chancre, secondary symptoms do appear, and appear in such a manner as not only to make the patient exceedingly uncomfortable, but also to expose his misfortune to his family and friends.

For a number of years, in accordance with the views of most modern syphilographers, he had placed all of his patients on mercurial treatment as soon as the diagnosis of true chancre was made, and the cases related to-night were fair samples of the results he had uniformly obtained. Salivation was always avoided, and the preparation generally employed was the protiodide in doses of from one-sixth to one-half grain.

In some few cases, where the sore had been seen from the commencement, and the patients had been placed on treatment as soon as there was no doubt as to the diagnosis, there had been absolutely no secondary symptoms whatever. In others, the patients escaped with the minimum of syphilis,—a slight ulceration of the mouth or throat; an aborted mucous patch on the tongue; a very mild and transient eruption,—in fact, just sufficient symptoms to confirm the diagnosis. The time devoted to the treatment varied from one to two years, and that cures were effected was proved by the fact that the patients could contract syphilis again, and that they could become the parents of healthy children. He had tried various plans of treating syphilis, but he knew of none which gave such good results as this.

Dr. Packard did not wish to cast any doubt upon the accuracy of the reports of cases just made, but thought that the adoption of any special course of treatment in a class of cases was likely to lead to routinism, and to a line of practice the reverse of scientific. He did not question the good results, in many instances, of the medication now advocated, but would urge that every case ought to be studied and treated for itself. We cannot say that if a man has a chancre the administration of one quarter of a grain of protiodide of mercury thrice daily for twenty months will cure him. No one plan of treatment will be invariably successful, or will suit any one case in every stage.

Iodide of potassium, with or without mercury, iron, other mineral or vegetable tonics, and in varying doses, seems to come nearer to the position of a specific, especially in the later periods of venereal disease, than any other remedy. But in all stages, and under all conditions, these affections demand careful watching and judicious changes of treatment, according to the varying circumstances which arise. In no other way can we arrive at the best attainable results.

Dr. C. B. Nancrede, although not denying the necessity of combining the treatment with tonics in certain complicated cases, mentioned the fact that Dr. Keyes had, in the *American Journal of the Medical Sciences*, demonstrated the fact that small doses of mercury increased the number of blood-corpuscles, and acted, even in health, as a decided tonic. The increase of red cells Dr. Nancrede had confirmed by observations of his own.

Dr. Packard, in reply to a question as to whether he relied upon the iodide in all the stages of syphilis, said that he thought that the iodide of potassium could be given in a larger number of cases, with good effects, than any other drug, in this condition. In the secondary stage, in certain cases, mercurial fumigations are beneficial; a change of treatment is sometimes needed, but the fumigations are, in his experience, the best way of exhibiting mercury. He could not believe that the majority of cases would derive advantage from the influence of mercury in the first stage.

Dr. W. R. D. Blackwood said that it appeared strange that such different results have been reported by physicians from the same remedies. While stationed at Huntsville, after the war, he had seen over three hundred cases of venereal disease. He put the men under treatment at once, as soon as the chancre appeared. He cauterized the sore, and gave corrosive sublimate, but did not see that it made the slightest difference. He therefore could not understand Dr. Porter's cases. The iodide never did any good in the secondary stage, in his experience, but in the tertiary stage, in large doses, it was valuable. In the secondary form, good results were obtained by mercury in the form of corrosive sublimate.

Dr. Porter said that the object of the treatment was to prevent the constitutional manifestations of syphilis. Cases require all kinds of treatment. Some need tonics and others not; but he had long ago made up his mind that mercury is the best tonic, in proper doses, for syphilis. Even in cachectic cases he did not consider it contra-indicated, but had seen the best results from its use, in small doses, with hygienic treatment.

THE Italian government has prohibited the importation, from the United States, of pigs and pork, whatever preparation the meat may have undergone, in consequence of the supposed prevalence of trichinosis among swine in this country.

REVIEWS AND BOOK NOTICES.

CYCLOPÆDIA OF THE PRACTICE OF MEDICINE. Edited by H. VON ZIEMSSEN. ALBERT H. BUCK, editor of the American Edition. Vol. viii.: Diseases of the Chylopoëtic System. Vol. xiii.: Diseases of the Nervous System. Vol. xvii.: Disturbances of Nutrition; Poisons. New York, William Wood & Co., 1878.

Vol. viii. of Ziemssen's great work continues the consideration of those affections of the chylopoëtic system which were not treated of in vol. vii., namely, diseases of the œsophagus, peritoneum, spleen, pancreas, suprarenal capsules, bladder, urethra, and male genital organs. The nervous diseases treated of in vol. xiii. are those of the spinal cord and medulla oblongata. Professor Erb, of Heidelberg, has written this entire volume. Vol. xvii. describes a number of affections of great interest, and gathers together an amount of valuable information hitherto scattered about in various journals and volumes not easily accessible. Immermann's article on hæmophilia, scurvy, and purpura (for the latter he prefers the antiquated title of "morbus maculosus Werlhofii") are full of learning, and show much originality, not to say ingenuity, in hypothesis, particularly in his discussion of the pathogenesis of the several affections. Under the head of poisons, the toxic symptoms produced by fifty-two mineral and twenty-nine vegetable substances are related at length, together with the appropriate remedies.

HEALTH, AND HOW TO PROMOTE IT. By RICHARD MCSHERRY, M.D., etc. New York, D. Appleton & Co., 1879. 12mo, pp. 185.

Dr. McSherry writes for the general public, and his genial pages, well garnished with polyglottic quotations and illustrated by the well-worn stories of former years, yet contain much of recent date, and are calculated to sugar-coat the hygienic information which the modern man is bound to swallow in some form or submit to the intolerable reproach of being "behind the time."

EPITOME OF SKIN DISEASES, WITH FORMULÆ, FOR STUDENTS AND PRACTITIONERS. By TILBURY FOX, M.D., etc., and T. C. FOX, M.B., etc. Second American Edition, enlarged and revised by the Authors. Philadelphia, Henry C. Lea, 1879. 12mo, pp. 216.

In preparing this edition of their *Epitome* for publication in the United States, the authors have increased the matter to about three times the original amount. The section regarding the pathology of the skin has been entirely recast, and the clinical descriptions of diseases have been amplified and occasionally remodelled. The result is shown by comparison with the former edition, upon which this before us is a decided improvement. While we are not prepared to admit the advantages of such epitomes of skin diseases as a class, yet we have no hesitation in saying that this of the Drs. Fox is among the best of its kind. The results of late research in dermatology are duly chronicled, and in most points the little book, within its limits, gives a fair sketch of our knowledge in this branch of medicine. We could wish that in adding the new material it had been more thoroughly assimilated to the body of the text. Occasionally the various new points strewn here and there remind us of imperfectly-compounded oxide of zinc ointment, with gritty particles through it. The additions by the American editor (pp. 48–53) are foreign to the general scope of the book, and, if inserted at all, should have been placed in the form of an appendix.

A. V. H.

RHYMES OF SCIENCE; WISE AND OTHERWISE. New York, Industrial Publication Company, 1879.

We advise all our readers into whose souls the sunlight of fun ever enters to purchase this little book. "Making light of cereous things" has been said, by a high authority, "to be a wick-ed profession," but the genius which can balance the ponderosity of an ichthyosaur upon the delicate point of a euphonious rhyme, or bear aloft a bulky leptorhynchus on the sparkling foam of a soul-stirring love-ditty, is worthy—worthy of a purchaser.

DEMONSTRATIONS OF ANATOMY. By GEORGE VINER ELLIS. From the Eighth English and Revised Edition. Henry C. Lea, 1879.

The success of this old manual seems to be as well deserved in the present as in the past volumes. The book seems destined to maintain yet for years its leadership over all the English manuals upon dissecting.

GLEANINGS FROM EXCHANGES.

CONDURANGO BARK AGAIN.—I. von Dietrich reports the case of a woman, 49 years of age, who had suffered for ten years from pain in the stomach, for three years had noticed a tumor in the umbilical region, and who had been confined to bed for six months with all the symptoms of well-marked cancerous cachexia. After using the condurango for four weeks, the tumor was reduced to a quarter of its original volume, the patient again became able to work, and a month later only perceived slight hardening, and was otherwise quite well.—*Practitioner;* from *Ch. f. Chirurgie*, 1879, No. 1.

NITRO-GLYCERIN AS A THERAPEUTIC AGENT.—Later experiments with nitro-glycerin seem to indicate that this is not so useful as was at first hoped. It has been mentioned as a remedy in angina pectoris, but it has much less power to lower the blood-pressure than nitrite of amyl, while it causes such severe headache, even in minute and indeed almost imperceptible quantities, that its investigation is by no means pleasant work, and it appears problematical whether its medicinal uses will be sufficient to counterbalance the pain it will probably inflict upon the patient. —*Practitioner*, 1879, p. 200.

SALICYLATE OF SODIUM.—In a paper on salicylic acid and its compounds in rheumatism, Dr. Sharkey states his belief that salicylate of sodium is the best form of the remedy. Out of one hundred and fifty cases of acute rheumatism treated by Dr. Jacob with this drug, a markedly good effect was noticed in one hundred and three cases, forty-two could scarcely be said to be benefited or the reverse, and in five the effect was unfavorable. In no instance was delirium caused by the salicylate of sodium, although a sort of nervous irritability, restlessness, and rapid breathing appeared occasionally to be due to it.—*Dublin Jour.*; from *St. Thomas's Hospital Reports.*

CROTON CHLORAL IN NEURALGIA OF THE FIFTH PAIR.—Dr. Riddell gives the case of a lady who for years had suffered from attacks of severe headache, accompanied by a feeling as if an iron band were about her head. Every remedy ordinarily used in such cases was tried in vain, until croton chloral was given. This was administered in five-grain doses twice daily, and ten grains on going to bed, dissolved in spirits of wine and glycerin, with a little acid and syrup of orange to cover the flavor. The good effect of the drug was seen at once; the attacks came at longer intervals, and were less severe, then ceased altogether, and at the time of the report only two attacks, one brought on by mental anxiety, and one after ceasing the use of the drug, had occurred in seven months. She was taking five grains every evening, and was well and hearty at the date of the report. Dr. R. cites a number of similar cases likewise successfully treated with croton chloral. —*Dublin Jour. Med. Sci.*, 1879, p. 346.

NIGHT COUGH.—Dr. Reginald Thompson describes a very persistent and harassing form of cough which accompanies many forms of pulmonary disease, which appears to be an undeveloped form of asthma. The patient complains of being much disturbed at night especially, or early in the morning, and it is generally worse when the patient lies down and goes to bed. No narcotics in ordinary use for cough appear to have any effect, and it is only by asthmatic remedies that any relief is obtained. In one case of this kind coming under Dr. Thompson's notice, Joy's cigarettes were used with good effect; in another, the burning of nitre papers relieved the cough after other remedies had failed.—*Practitioner*, 1879, p. 176.

ACONITE IN ACUTE INFLAMMATION.—Though aconite has been so much written about during the past few years, there are many cases where its advantages do not seem to be understood, and in which its more general employment might be introduced with profit. Mr. James S. Sparks draws attention to some of these. In pneumonia, according to Mr. Sparks, its abortive power is remarkable. If administered within a day or two after the symptoms are apparent enough to render the diagnosis certain, it will arrest the inflammation, and effect a cure in from one to three or four days, the beneficial effects being manifest from the very commencement of its administration: the pain begins to subside from the first, the skin becomes more moist, the beating more natural, and the patient appreciably better and more comfortable after each dose. The dose prescribed by Mr. Sparks in adults is five minims (Fleming's tincture) at first, and one or two minims every hour after, modifying the dose according to circumstances. If the patient be debilitated, it must be used cautiously. In bronchitis it does not seem to act so favorably. In cynanche tonsillaris he finds it extremely useful both as an abortive and as a controlling or modifying agent. If properly administered during the inflammatory stage, it seldom fails to cut the attack short, and if given at the very beginning, to abort it; Dr. Sparks even thinks it seems, after a time, to reduce the liability to quinsy in persons subject to periodical attacks of it. Ringer says that the good effects of aconite in the catarrhal form of croup are as conspicuous as in quinsy. Its use in fevers is well known. In erysipelas, especially in that form which occasionally follows vaccination, its effect is often astonishing, cutting short the attack in a few hours. At the beginning of a cold, when one feels it "through the bones," one or two drops of tincture of aconite taken at bedtime will enable a person in such a state to rise quite well in the morning.

A NEW NERVE.—In a communication to the French Academy, Cyon claims that the eighth pair of cerebral nerves contain two nerves of entirely distinct senses,—the auditory and the nerve of space ("Raumnerf"). He considers the latter the source of all our ideas of extension, and of the three dimensions of space.—*The Doctor.*

TREATMENT OF PNEUMONIA AT BELLEVUE HOSPITAL.—Quinine in ten-grain doses twice daily, increased or diminished according to the fever, the oiled silk jacket, a coat of iodine on the side if there is much pain, and an absolutely recumbent posture, is all that is required in many cases. Sometimes aconite is given in one-minim doses every hour until some effect is

produced. The quinine is occasionally given in one- to five-grain doses hourly, and now and then by Jürgenson's method, forty grains at once, every day or so. Cupping is also employed, with the free use of stimulants. Cold sponging is occasionally useful; the cold bath, never.—*New York Medical Record.*

HYPODERMIC INJECTION OF HYOSCYAMIA.—The following case, given by Dr. Leared, is of interest in connection with the administration of hyoscyamia, now proved to be a drug of great sedative power:

A gentleman, the subject of phthisis, had morphia nightly injected subcutaneously on account of sleeplessness and a condition of general irritability. The quantity had been gradually increased, until a grain was reached. Wishing to break through the noxious habit, I substituted for the morphia one-fortieth of a grain of hyoscyamia. In less than ten minutes after the injection the patient complained of giddiness, with a sense of compression at the top of the head. In half an hour after the injection, some milk, recently swallowed, was vomited. Delirium now set in, the patient talked incoherently, and was with difficulty kept lying down. A curious effect of the drug was observed. Every object seemed much nearer to the patient than it really was. He would grasp wildly at something invisible to the by-standers, and this, on inquiry, was found to be the bed-post, placed at a distance of about four feet from him. When a cup was handed to him he invariably tried to seize it at a point nearer than where it really was. He constantly caught at insects, with which he said the bedclothes were covered. The pulse was quickened, but its volume seemed little altered. The pupils were widely dilated, and the sight so much affected that he was unable to read the address on a letter, even when the active effects of the drug were subsiding. The delirium and perversion of vision lasted upwards of four hours, after which time the compressed feeling in the head and obscurity of vision remained, and it was not until twenty-four hours afterwards that all sensations induced by the alkaloid had passed away.—*Lancet*, vol. i., 1879, p. 475.

INJECTION OF WARM WATER INTO THE VAGINA IN CERTAIN CASES OF LABOR.—Mr. W. J. Kilner says that, although meddlesome midwifery is rightfully deprecated, yet any assistance which can be given without coming under this designation will be certainly appreciated not only by medical men, but also by the patients themselves. The examples given by him show how injections of warm water into the vagina in properly chosen cases accelerate the labor without causing any increase of suffering to the mother. The only instrument required, besides a bowl of warm water, is a Higgins syringe fitted with a vaginal tube; but this apparatus can be improved by the addition of a yard of india-rubber tubing three-eighths of an inch in diameter, joined to the vaginal tube so as to carry off the water direct from the vagina into a receptacle, thus avoiding wetting the bed. The water should be as warm as the patient can comfortably bear, and in practice it is advisable not to begin with water raised to the full temperature, but gradually to add boiling water until the temperature of about 105° F. has been attained. The injection requires to be continued from five to twenty minutes, according to circumstances. But there is one thing which must be borne in mind, that, unless the injection be given with a due regard to temperature, it is totally useless; so that, to avoid disappointment, it is better to administer it oneself rather than to leave it to a nurse, unless she can be fully relied upon. The effect caused is the relaxation of the maternal soft parts, and sometimes in addition the labor pains seem to be increased. Besides this, the patients generally say that the injections make them feel more comfortable. The cases to which this treatment is specially applicable are those in which the os uteri is thin and rigid and the perineum unyielding.—*Lancet*, vol. i. p. 439.

THE PREVENTION OF RELAPSES IN TYPHOID FEVER.—Dr. Immermann shows that we are to a certain extent able to prevent relapses in typhoid fever by the internal administration of salicylate of sodium. His observations seem to indicate that these relapses must be traced to a residuum of typhoid poison in the bowel of the patient, by which, after a time, he becomes re-infected. If this theory be correct, the obvious inference is, as Immermann says, that we should systematically disinfect the body of a typhoid convalescent. Following out this reasoning, Immermann treated twenty-two such convalescents with a drachm to a drachm and a half of salicylate of sodium for ten or twelve days from the first day of normal temperature. Of these patients only one relapsed, on the seventh day of the apyretic period, owing to neglect of attention to diet. Other experiments gave similar results. These facts tend to prove that not only convalescents from typhoid fever, but also healthy persons exposed to the contagion of typhoid, should be treated with salicylate of sodium.—*Med. Times and Gaz.*, vol. i., 1879, p. 323; from *Corresp. Blatt f. Schweiz. Ærzte.*

MISCELLANY.

DEATH OF PROFESSOR GUBLER.—This celebrated French therapeutist, whose real name was Goblet, died recently at Paris at the age of 58. He was the author of numerous memoirs on various medical subjects, but is best known as founder of the *Journal de Thérapeutique*, and author of a work entitled *A*

Therapeutic Commentary upon the Codex. Having been a native of Alsace-Lorraine at the time of its annexation to Germany, "he revenged himself," says his biographer in *La France Médicale*, by delivering in 1872 a course of lectures on the comparative values of German and French mineral springs, in which, as may be imagined, the waters of Germany fared badly.

ONE cannot be too explicit in giving advice to the less intelligent class of patients. *Punch* has a picture of a village doctor in his "surgery," with a forlorn-looking countryman just come to report the result of a week's treatment. The dialogue is as follows:

Village Doctor.—"Well, are you better? Have you taken your medicine regularly, and eaten plenty of animal food?"

Patient.—"Yes, sir, I tried it; and so long as it were be-ans and o-ats I could manage pooty well, sir, but when you come to that there chopped hay, that right-down choked me, sir."

CORNS.—M. Guibout's treatment is to soften the corn by applying to it, for one night, an ointment consisting of turpentine and acetate of copper, each one part; white resin, two parts; and yellow wax, four parts. The corn should then be excised with scissors, care being taken to go deep enough to remove its summit. After excision, the matrix should be cauterized with sulphuric acid, else the corn will be reproduced.

FIAT EXPERIMENTUM, ETC.—Amid the excitement and discussion over the supposed trichinous American pork imported into England, cheering news has been sent to that unhappy country in the shape of the following item: "Dr. Belfield, one of the experts sent to the Chicago market to examine the diseased pork, is convinced of the innocuousness of *small numbers* of the worms. Experimenting on himself, he swallowed twelve live trichinæ. Dr. B. has not, he declares, experienced any unpleasant symptoms to date."

"OLD PHYSIC."—Waterton, an eccentric and amusing traveller, whose "Wanderings in South America," first published fifty years ago, has just been reissued, gives the following advice to those desiring to follow in his footsteps: "Shouldst thou ever wander through these remote and dreary wilds, gentle reader, forget not to carry with thee bark, laudanum, calomel and jalap, and the lancet." He not only carried them, but used them on himself. He told a friend he had bled himself upwards of one hundred and fifty times, and he would often take as much as twenty or twenty-five ounces from his emaciated but vigorous body, and follow up the bleeding with twenty grains of jalap, mixed with ten of calomel. No wonder that in South America the vampire bats would never touch him, though he was eager for the experience, and used to leave his foot outside his hammock to tempt them.

NOTES AND QUERIES.

THE LATE DR. WOOD.

THE very graphic sketch by Dr. Hunt in the last number of the *Medical Times* has recalled to my memory some traits of Dr. Wood's character and some incidents in his life which may not be uninteresting.

Among the former was his wonderful accuracy, not only in everything he did, but also in everything he said. He had a remarkable perception of the fitness of words, which he never lost sight of. Thus, those of us who belonged to his private class were always spoken of as his office *pupils*, never as his office students, and in later years two of us became, not his assistants, but his *aids*.

So, too, in our class examinations, we were early taught to keep to a sound form of words. Spirit of nitre, not spirits, syrup of squill, not of squills, were among our earliest lessons.

This accuracy of language is admirably shown in his great work on the "Practice of Medicine." As has been suggested,* modes of treatment may vary, and those given in his book may give way to later ones, but his descriptions of diseases can never become obsolete or antiquated.

What, for example, can be more completely descriptive than his account of "Enteric fever"? What more picturesque than his sketches of Pernicious fever and of Asiatic cholera?

And, in this connection, it should be said that it is a great mistake to suppose he was but the compiler of other men's labors. Though not a physiological investigator, he was a most careful observer of disease, and a profound reasoner.

This is shown in the essays on rheumatism and gout, where, especially on the subject of nervous gout, are presented views which at the time were entirely novel, and which were original with Dr. Wood. These were first published in the year 1847. Twenty years later, Dr. Wood read, with gratification and amusement, in a London journal, from the pen of an eminent English physician, an essay in which the same truths were enunciated, but as new and as original with the English author!

The same care was observed with his lectures; to the last the notes of the lecture to be delivered next day were carefully read over by him the night before, and again immediately before going out in the morning. A schedule of the illustrations to be used in the lecture was furnished by him every morning to one of his "aids," in the order in which they would be needed, and these were carefully supervised by him before they were sent into the lecture-room.

His kindness to the younger members of the profession was a marked trait of his character,—the value of that kindness enhanced by his delicacy in conveying it. There lies before me a note bearing date October 13, 1852, enclosing his check for a considerable sum, with these concluding words: "which I beg you to accept, not as a compensation for your services to my private class this summer and fall, but as some little acknowledgment of your kindness." Perhaps few men of his age would have taken the trouble to confer a favor on so young a man in so kind and delicate a manner. Indeed, with all who were in any way engaged with him his payments were most liberal. As in his relations with his pupils the question with him was not how much he should get from them, but how much they might get from him, so with those who "aided" him in the lecture-room or elsewhere; he made the compensation from the valuation of his own busy hours rather than from theirs, which were so much less occupied.

If in Dr. Wood there was absent that warmth of manner—*bonhommie*, *empressement*, or whatever it may be called—which at the first introduction is so captivating, its absence was largely made up for by his sincerity and truthfulness. We knew that every word he said was a true one; and if he did not at once win our love, he very soon commanded our grateful respect and esteem. Tennyson's words applied to him always:

"And thus he bore without abuse
The grand old name of gentleman."

Dr. Hunt has alluded to his generous hospitality; this was indeed princely. Few who were there can ever forget the entertainment given by Dr. Wood on the occasion of the meeting of the National Medical Association in Philadelphia in May, 1855. Not only was ample provision made in his house for the comfort and entertainment of his guests, but his large and beautiful garden was thrown open to them. It was a balmy evening in May, and a bright moonlight one. The scene was one of rare beauty. Scattered about the grounds were numerous native and foreign plants,—roses just coming into bloom; larger and smaller palm-trees; little beds of belladonna, aconite, hyoscyamus, and digitalis plants; while Chinese lanterns suspended from the trees, and colored lamps placed elsewhere, all heightened the beauty of the place. At the extreme end of the garden were the conservatories, brilliantly lighted and fragrant with perfume. As in the

* Medical Times, vol. ix, p. 356.

King's garden in old John Bunyan's Land of Beulah, "here also grew camphire, with spikenard and saffron, calamus and cinnamon, with all trees of frankincense, myrrh, and aloes, with all chief spices." No wonder that his delighted guests exclaimed, as again and again they did, "We are in the tropics,—surely we are in the tropics!"

In pursuance of a resolution he had formed when accepting the chair of practice, Dr. Wood delivered his last lecture in the University at the close of the winter of 1860. He was 63 years old, with his eye undimmed and his mental vigor unimpaired. I recall the day distinctly, and what preceded and what followed the lecture. He evidently felt keenly the severance of the old tie which had so long bound him to the University. We begged him to reconsider his decision, which we hoped was not yet irrevocable, telling him, what was true, that his health was as good as, if not better than, it had been for years, and one of us playfully adding, "When we notice any failure of your powers we will tell you."—"Would you have me," said Dr. Wood, "repeat the old story of the Archbishop of Granada and Gil Blas, and, some few years hence, say of you, 'I once had great confidence in my young friends' judgment, but I now find it is not what it then was!'"

The last lecture was given, and was a brilliant one. If his sun was that day to go down, Dr. Wood had determined that it should go down with brightness, and it did so; and they who heard him heard him with real sorrow that they should hear him there no more. Immediately after the lecture, Dr. Wood, with his two "aids," withdrew into his private room. He was evidently much affected. Raising his outstretched hands, and then gradually lowering them, he said, "Now I go *down, down,* DOWN."

It was, I think, on this occasion that he said, "The happiest time in a man's life is not when he has risen to great eminence in his profession, but when he is conscious that he steadily *is rising*."

For some years after this, as is well known, Dr. Wood continued to write, supplying the demand which still existed for new editions of his books. Many a time, in the small hours of the night, has the writer of this passed by his house, and, through the partially-closed shutters, seen his more than midnight lamp burning. Here was Dr. Wood, then far, far advanced in years, toiling over his books,—not for wealth, of which he had long had abundance; not for fame, whose zenith he had long since reached; but for the guidance and help of his younger professional brethren, and for the relief of the sick and the suffering of his fellow-men.

Surely the profession and the community owe to the memory of such a man a debt of gratitude which cannot be too fully paid.

JAMES J. LEVICK.

1200 ARCH STREET, May 6, 1879.

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY FROM MAY 4 TO MAY 17, 1879.

SUTHERLAND, CHARLES, COLONEL AND SURGEON.—Granted leave of absence for five months on Surgeon's certificate of disability. S. O. 105, A. G. O., May 3, 1879.

MCPARLIN, THOMAS A., MAJOR AND SURGEON.—Relieved from duty in Department of the East, and assigned to duty as Attending-Surgeon in New York City. S. O. 111, A. G. O., May 10, 1879.

PAGE, CHARLES, MAJOR AND SURGEON.—Relieved from duty in Department of the Platte, and assigned to duty as Post-Surgeon at Fort Monroe, Va., and to report by letter to Commanding General Department of the East. S. O. 114, A. G. O., May 14, 1879.

MOORE, JOHN, MAJOR AND SURGEON.—When relieved by Surgeon Smith, to proceed to New York City and report, on arrival, by letter to the Surgeon-General. S. O. 114, c. s., A. G. O.

SMITH, J. R., MAJOR AND SURGEON.—When relieved at Fort Monroe, Va., by Surgeon Page, to report to Commanding General Department of Texas for duty as Medical Director. S. O. 114, c. s., A. G. O.

TOWN, F. L., MAJOR AND SURGEON.—Having reported in person at these Headquarters pursuant to S. O. 58, c. s., A. G. O., assigned to duty at Fort Walla Walla, W. T. S. O. 49, Department of the Columbia, May 1, 1879.

STORROW, S. A., MAJOR AND SURGEON.—Granted leave of absence for one month. S. O. 38, Department of the Platte, May 5, 1879.

WOLVERTON, W. D., MAJOR AND SURGEON.—Relieved from duty in Department of Dakota, to proceed to New York City, and, on arrival, report by letter to the Surgeon-General. S. O. 114, c. s., A. G. O.

GIBSON, J. R., MAJOR AND SURGEON.—Relieved from duty in Department of the Platte, to proceed to New York City, and, on arrival, report by letter to the Surgeon-General. S. O. 114, c. s., A. G. O.

BARTHOLF, J. H., CAPTAIN AND ASSISTANT-SURGEON.—Relieved from duty at Alcatraz Island, and assigned to temporary duty as Post-Surgeon at San Diego Barracks, Cal. S. O. 44, Division of the Pacific and Department of California, April 28, 1879.

CARVALLO, C., CAPTAIN AND ASSISTANT-SURGEON.—Relieved from duty in the Department of the Missouri, to proceed to Washington, D. C, and, on arrival, report by letter to the Surgeon-General. S. O. 114, c. s., A. G. O.

MOFFATT, P., CAPTAIN AND ASSISTANT-SURGEON.—Relieved from duty in the Department of the East, and assigned to duty in the Department of the Columbia. S. O. 114, c. s., A. G. O.

CLEARY, P. J. A., CAPTAIN AND ASSISTANT-SURGEON.—Relieved from duty in Department of the Missouri, to proceed to New York City, report to the Army Medical Board for examination for promotion, and, upon its conclusion, report by letter to the Surgeon-General. S. O. 114, c. s., A. G. O.

MUNN, C. E., CAPTAIN AND ASSISTANT-SURGEON.—Relieved from duty in Department of the Platte, to proceed to Boston, Mass., and, on arrival, report by letter to the Surgeon-General. S. O. 114, c. s., A. G. O.

DICKSON, J. M., CAPTAIN AND ASSISTANT-SURGEON.—Relieved from duty at Fort Klamath, Oregon, and assigned to duty at Fort Stevens, Oregon. S. O. 47, Department of the Columbia, April 29, 1879.

EWEN, C., CAPTAIN AND ASSISTANT-SURGEON.—Relieved from duty in Department of the East, and assigned to duty in Department of the Missouri. S. O. 114, c. s., A. G. O.

WINNE, C. K., FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—Relieved from duty at Fort McPherson, and assigned to duty at Fort Washakie, Wyo. T. S. O. 38, Department of the Platte, c. s.

PAULDING, H. O., FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—Relieved from duty in Department of Dakota, to proceed to Washington, D.C., and, on arrival, report by letter to the Surgeon-General. S. O. 114, c. s., A. G. O.

ADAIR, G. W., FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—Relieved from duty in the Department of Texas, to proceed to Utica, Mich., and, on arrival, report by letter to the Surgeon-General. S. O. 114, c. s., A. G. O.

SEMIG, B. G., FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—Relieved from duty in the Department of the South, and assigned to duty in the Department of the Platte. S. O. 114, c. s., A. G. O.

WILCOX, T. E., FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—Upon expiration of his present leave of absence, to proceed to Vancouver Barracks, W. T., and report to the Commanding General Department of the Columbia for assignment to duty. S. O. 114, c. s., A. G. O.

WORTHINGTON, J. C., FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—Relieved from duty at Fort Grant, A. T., and to report by letter to the Medical Director of the Department for special duty. S. O. 50, Department of Arizona, April 23, 1879.

TURRILL, H. S., FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—Relieved from duty in Department of Texas, to proceed to Boston, Mass., and, on arrival, report by letter to the Surgeon-General. S. O. 114, c. s., A. G. O.

BIART, V., FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—Granted leave of absence for thirty days, with permission to apply for an extension of thirty days, on Surgeon's certificate of disability. S. O. 88, Department of the Missouri, May 5, 1879.

LA GARDE, L. A., FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—Relieved from duty in Department of the East, and assigned to duty in the Department of the Missouri. S O. 114, c. s., A. G. O.

RANDOLPH, J. F., MAJOR AND SURGEON.—Having been found, by an Army Retiring Board, incapacitated for active service, he is granted leave of absence until further orders, on account of disability, to take effect May 1, 1879. S. O. 108, A. G. O., May 7, 1879.